

OPSU FACULTY AND STAFF INFO

PLEASE COMPLETE THE FOLLOWING INFORMATION AND
TURN IN TO THE BUSINESS OFFICE CASHIER

Name _____

OPSU ID Number _____

Address While at OPSU _____

Permanent Address _____

Cell Phone Number _____

OPSU e-mail _____

Personal e-mail _____



OKLAHOMA
PANHANDLE STATE
UNIVERSITY



HUMAN RESOURCES
PO Box 430
Goodwell, OK 73939
580-349-1574

Oklahoma Teacher's Retirement System Notification Form

Oklahoma Teacher's Retirement System (OTRS) regulations state that employees participating in OTRS through their full-time employer must also participate through their part-time employer. (Example: an adjunct employee hired to teach 3 hours at OPSU and who is a full-time employee, participating in OTRS at OU would mark "YES" in the first section below. An OPSU faculty member teaching an overload at OPSU does NOT need to complete this form, but they would need to notify OU if they teach adjunct at OPSU). If a former OPSU employee is only classified as an adjunct employee, no OTRS contribution are submitted for the employee.

Regulations also require OPSU to remit employer-paid contributions for any employee who is retired and currently receiving OTRS retirement income. **If you are one of these retirees, answer "YES" you are retired through OTRS.**

If you do NOT participate in OTRS, mark "NO."

If you are unsure if you are a current participating member of OTRS, please contact OTRS at (877) 738-6365.

For the above reasons, if you have a job or status change that could affect contributions to OTRS, please contact Human Resources to fill out another form.

YES, I participate in OTRS through my current or previous full-time employer.

The name of the institution is: _____

NO, I am NOT a participating member of OTRS through a full-time employer.

YES, I am an OTRS retiree, and currently receive a monthly retirement check from OTRS.

Print Name

Date of Birth

Employee ID

Signature

Date

RETURN ORIGINAL FORM TO OPSU Human Resources at PO Box 430 Goodwell, OK 73939

FOR OFFICE USE ONLY. EFFECTIVE DATE: _____

TRN, if current OTRS participant with another institution

TRX, if retired from OTRS

No action, if not a participant or retired with OTRS

OKLAHOMA PANHANDLE STATE UNIVERSITY EMPLOYEE DATA SHEET

OKLAHOMA PANHANDLE STATE UNIVERSITY ADHERES TO THE EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION GUIDELINES SET FORTH BY STATE AND FEDERAL LAWS. THIS INFORMATION IS SOUGHT IN GOOD FAITH. IT WILL ONLY BE USED FOR STATISTICAL PURPOSES AND WILL NOT BE USED IN ANY WAY TO DISCRIMINATE AGAINST OR IN FAVOR OF ANY EMPLOYEE OR CANDIDATE FOR EMPLOYMENT.

PLEASE PRINT LEGIBLY

1. Name (Last, First) _____ Spouse _____
2. Social Security Number _____ Home Phone _____
3. Mailing Address

_____ City _____ State _____ Zip _____
4. Date of Birth _____ Male _____ Female _____
5. Race or Ethnic Group (check only one)
_____ White (Not of Hispanic origin)
_____ Black (Not of Hispanic origin)
_____ Hispanic (all persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race)
_____ Asian or Pacific Islander (all persons having origins in any of the original people of the East, Southeast Asia, the Indian subcontinent, or the Pacific Islands)
_____ American Indian or Alaskan Native
6. Employee Type (circle one) Administration Faculty Staff
7. Job Title _____
8. Highest University Degree earned _____ Where _____
9. Years experience in higher education _____
10. Are you a member of the Oklahoma Teachers' Retirement System _____

OKLAHOMA PANHANDLE STATE UNIVERSITY PERSONAL INFORMATION

Complete form and return to OPSU Human Resources, S/L 125 – PLEASE PRINT LEGIBLY

Section 1: All Employees Complete		
Employee ID Number	Prefix <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss	Name (Last, First, Middle format)
<input type="checkbox"/> NEW EMPLOYEE (Please complete entire form) <input type="checkbox"/> CHANGE CURRENT INFORMATION (Complete Section 1 and only information that needs updated.)		<input type="checkbox"/> Check if Name Change & attach copy of social security card

Section 2: All New Employees Complete				
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> SeParated <input type="checkbox"/> Widowed <input type="checkbox"/> Other (Z)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/ Ethnic Categories (mark ONLY one) <input type="checkbox"/> 1-White <input type="checkbox"/> 5-Native American <input type="checkbox"/> 2-Black <input type="checkbox"/> 6-Native Hawaiian <input type="checkbox"/> 3-Hispanic <input type="checkbox"/> 7-Two or more races <input type="checkbox"/> 4-Asian (not Hispanic)	Date of Birth (MMDDYYYY)	
Permanent Home Address (within USA)			Home Phone	
Address Line 1			(Include Area Code)	
Address Line 2				
City		State	Zip Code	
Emergency Contact Information (within USA)			Relationship	
Contact Name				
Contact Address (Street Address, City, State, Zip Code)			Work Phone	
			(Include Area Code)	
			Phone Number	
			(Include Area Code)	

Section 3: All Faculty and Continuous Regular Staff Employees Must Complete. (Students and Temporary Staff Employees do not need to complete.)			
Educational Background		***List Highest Degree or Diploma First***	
Degree	Year Rec'd	Complete Institution Name & Location	Field of Study

This form only changes the basic employee demographic information in HRS and does not update benefits or beneficiary information or other university systems.

_____ Employee Signature Telephone Number Date

HUMAN RESOURCES	Coding Initials _____	Date _____
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OKLAHOMA
PANHANDLE STATE
UNIVERSITY

U.S. Citizens & Resident Non-Citizens Federal & State Withholding Forms

U.S. Citizens and Resident Non-Citizen Federal withholding will default to Single marital status and no deductions. A different marital status must be set up online via self-service as follows:

1. Log in to <http://my.opsu.edu/>
2. Select Tax Forms
3. Select Federal W-4 Employee's Withholding Allowance Certificate
4. It is strongly suggested that employees use the IRS Tax Withholding Estimator, which can be accessed by clicking on the "Vendor Web Site" link at the bottom right of the screen, to help estimate whether the amount withheld is sufficient.
5. Select Update (at the bottom of the screen)
6. Enter the date you want the change to be effective (subject to limitations based on the payroll processing schedule).
7. Use the dropdown box labeled "filing status" to indicate your filing status.
8. The "Under Age 17 Amount" is a dollar amount based on \$2000 per dependent claimed. Do not enter the number of dependents (1, 2, 3, etc).
9. The "Above Age 17 Amount" is a dollar amount based on \$500 per dependent claimed. Do not enter the number of dependents (1, 2, 3, etc).
10. Dependent Amount – it is critical that the total of the "Under Age 17 Amount" and the "Above Age 17 Amount" be correctly entered here. If the total isn't entered by the user, there won't be an adjustment.
11. Users are responsible for entering accurate information. Oklahoma Panhandle State University is not responsible for any taxes owed or fines that might be incurred due to inaccurate information.

Print Name and Signature

Date



OKLAHOMA
PANHANDLE STATE
UNIVERSITY

State Withholding - Job Location In Oklahoma

U.S. Citizens and Resident Non-Citizens will default to Oklahoma state tax withholding, Single marital status and 0 allowances. A different marital status must be set up online via self-service as follows:

1. Log in to <http://my.opsu.edu/>
2. Select Tax Forms
3. Select Oklahoma W-4 Tax Withholding
4. Change Withholding Information
5. Save Changes
6. Users are responsible for entering accurate information. Oklahoma Panhandle State University is not responsible for any taxes owed or fines that might be incurred due to inaccurate information.

Print Name and Signature

Date

OKLAHOMA PANHANDLE STATE UNIVERSITY

DRUG-FREE WORKPLACE POLICY

PURPOSE AND SCOPE

- 1.01 The Drug-Free Workplace Act passed by Congress in 1988 requires federal contractors and grantees to certify to the contracting or granting agency that they will provide a drug-free workplace. This policy is adopted in order to comply with this statutory directive.

DEFINITIONS

- 2.01 a. Workplace – Oklahoma Panhandle State University owned or controlled property or the site for performance of work.
- b. Controlled Substance – cocaine, marijuana, opiates, amphetamines and any other substance designated a "controlled substance" in schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812).
- c. Criminal Drug Statute – A federal or non-federal criminal statute involving the manufacture, distribution, dispensations, use, or possession of any controlled substance.
- d. Conviction – A finding of guilt (including judicial acceptance of a plea of nolo contendere) or imposition of sentence, or both, by a judicial body determining violations of Federal or non-federal criminal drug statutes.
- e. Project Director – The individual having administrative supervision over a project resulting from a federal grant or contract.
- f. Employee – Shall include Oklahoma Panhandle State University Faculty, Administrative and Professional staff, Classified staff, and student appointments.

POLICY

- 3.01 In support of this anti-drug abuse legislation, it is the policy of Oklahoma Panhandle State University to establish and maintain appropriate compliance by:
- a. Publishing and distribution to all employees a written statement regarding this controlled substance prohibition in the workplace, with descriptions of disciplinary actions which may be taken against employees for violations of such prohibition.
- b. Establishing a drug-free awareness program.

- c. Notifying the contracting or granting agency within 10 days of receiving notice of an employee's criminal drug statute conviction for a violation occurring in the workplace.
- d. Imposing appropriate administrative disciplinary action on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee who is so convicted or who has otherwise violated this policy.
- e. Making a good-faith continuous effort to maintain a drug-free workplace through the implementation of the requirements set forth in the Drug-Free Workplace Act.

PROCEDURES

- 4.01 A copy of the written statement in 3.01 (a) regarding the controlled substance prohibition in and on OPSU property, shall be disseminated to all current employees, posted in each department of the University and given to each new employee.
- 4.02 The project director will have the responsibility of explaining this policy to employees working on a federal contract/grant.
- 4.03 An employee shall notify the project director or, in the absence of a project director, his/her immediate supervisor or other supervisory administrator, of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- 4.04 The project director shall notify the Department of Grants and Contract Financial Administration ("GCFA") of an employee's criminal drug statute conviction for a violation occurring in the workplace. The GCFA shall notify the federal contracting agency of such conviction within ten days of the notice under paragraph 4.03 or otherwise receiving actual notice of such conviction. The project director's notification shall be made in a timely manner so that GCFA may comply with the time requirement set forth herein.
- 4.05 Suspensions and Disciplinary Actions
 - a. An employee found at any time to have violated the drug-free workplace policy may be disciplined by Oklahoma Panhandle State University even when the violation has not resulted in a criminal conviction. Employees may also be temporarily suspended if such is deemed necessary to protect the best interest and safety of the University, its components, and participants. As an alternative to disciplinary action, the University may require satisfactory participation in a drug abuse assistance or rehabilitation program as a condition to continued employment. The drug abuse assistance/rehabilitation program shall be one that has been previously approved for such purposes by a federal, state or local health, law enforcement or other appropriate agency.
 - b. In determining whether a violation of the Drug-Free Workplace Policy as occurred and the disciplinary action to be imposed as a result of each violation, relevant provisions of the Personnel Handbook shall be followed insofar as faculty and staff are concerned.

- c. One of the actions set forth above in 4.05 (a) (i.e., discipline or satisfactory participation in a drug abuse assistance/rehabilitation program) shall be taken within thirty days of receiving notice of a conviction as provided for in 4.03.
- d. Failure of an employee to report his/her criminal drug statute conviction for a violation in the workplace within five days of the conviction is ground for dismissal of that employee.
- e. For staff employees, appropriate and established leave policies will be followed for the purposes of such treatment and rehabilitation. For student employees and faculty, drug rehabilitation leave will be determined on an individual basis.
- f. Where necessary because of conviction and incarceration, decisions relative to suspension or dismissal or the granting of leave for treatment will be determined individually.

4.06 Counseling and Rehabilitation Sources

The office of Student Affairs may be contact for preliminary counsel and advice regarding chemical dependency problems and referral to approved chemical dependence treatment agencies.

I, _____, have read and understand

the Oklahoma Panhandle State University Drug-Free Workplace Policy.

Oklahoma Panhandle State University

PO Box 430, Goodwell, OK 73939

Print Name of Officer or Employee

LOYALTY OATH
(51 O.S., 36.2A)

I do solemnly swear (or affirm) that I will support the Constitution and the laws of the United State of America and the Constitution and the laws of the State of Oklahoma, and that I will faithfully discharge, according to the best of my ability, the duties of my office or employment during such time as I am

AN EMPLOYEE OF OKLAHOMA PANHANDLE STATE UNIVERSITY.

Here put name of office, or if an employee, insert "An employee of _____" (followed by the complete designation of the employing officer, agency, authority, commission, department or institution.) 51 O.S., 36.2.

Affiant Sign Here

State of Oklahoma

County of Texas

Signed and sworn to (or affirmed) before me on this

_____ day of _____, _____

By _____
Print name of the person taking the oath.

Signature of the Notary (Seal, if any)

Title and Rank (if other than a notary)

My Commission Expires

Commission Number

LOYALTY OATH FILING
(51 O.S. §36.3)

WHERE TO FILE:

Every **state officer** shall be filed with the Secretary of State.

Every **state employee** shall be filed with the personnel officer of the state entity employing the state employee.

All **other officers** shall be filed with the office of the county clerk of the county or official residence of the officer.

All **other employees** shall be filed with the office of the county clerk of the county in which the entity employing the employee is located.

Every **notary public** shall be filed with the office of the county clerk of the county of office residence of the notary, or if a nonresident, the county of employment of the notary.

All **municipal officers or employees** shall be filed in the office of the municipal clerk of the municipality for which the officer or employee serves or by which the officer or employee is employed.

TO ENSURE PROPER FILING:

Submit only the original oath with original signatures. Photo copies are not accepted. Type or print clearly in black ink:

1. List the name and address of the entity.
2. Full and correct name of the person taking the oath.
3. Name of the office, or if an employee, insert "an employee of _____ followed by the complete designation of the employing officer, agency, authority, commission, department, or institution.

Person taking the oath is the "Affiant".

ATTESTATION OF LOYALTY OATH:

The Loyalty Oath must be signed and dated by a notary public or other officer authorized to administer oaths or affirmations (indicate title and rank, if other than a notary public) and include the identification of the jurisdiction in which the act is performed. The notary shall include the name of the individual making the statement (or taking the oath), the notary seal, expiration date and commission number.

Please retain a copy of your records before submitting the oath for filing.
For additional information, please call 405-522-4564 or 405-522-4565.



Oklahoma Panhandle State University

AUTOMATIC DEPOSIT TRANSMITTAL

This form is to be used by State and Higher Education Employees in communicating their direct deposit information.

First Name (limit to 15 characters)	Last Name (limit to 15 characters):
Date of Birth:	Social Security Number:
MM / DD / YYYY	

I hereby authorize the State of Oklahoma, as per the Oklahoma State Employee's Direct Deposit Act, 74:292.10 to:

<input type="checkbox"/> ADD	PAYROLL – (Deposit my payroll warrant in my account as indicated below)
<input type="checkbox"/> REMOVE	PAYROLL – (I understand that by terminating Direct Deposit for Payroll this will automatically terminate travel and spending from my direct deposit)
<input type="checkbox"/> ADD/ <input type="checkbox"/> REMOVE	SPENDING ACCOUNT – (HEALTH CARE, DEPENDENT CARE REIMBURSEMENT)
<input type="checkbox"/> ADD/ <input type="checkbox"/> REMOVE	TRAVEL

If monies to which I am not entitled are deposited to my account, I authorize the State of Oklahoma to direct the financial institution to return said funds. I understand the payroll date and frequency of payment currently being utilized by my employing agency will not be affected by my decision to use Electronic Fund Transfer.

ONLY ONE ACCOUNT MAY BE USED FOR DIRECT DEPOSIT CHECKING SAVINGS PayCard

Financial Institution Name (Your Bank):

City: **State:**

This authority is to remain in full force and effect until: (A) I give my employer written notice using this form (OPM-73) to terminate this direct deposit agreement. (B) I fail to utilize payroll direct deposit for 365 days, at which time this agreement will expire. (C) The event of my death, at which time this agreement expires immediately, upon notification. This information is provided by me to facilitate my personal banking needs and shall be considered personal and held in confidence.

Home Mailing Address:

City: **State:** **ZIP:**

Home Telephone Number: **Work Telephone Number:**

Email:

Employing Agency:

Signature: **Date:** / /

I understand that while a change of enrollment is in process I may, in fact, receive a warrant instead of an electronic transfer.

If this is an initial enrollment or bank routing and/or account number change please attach a voided check or an official document from your financial institution showing the financial institution's routing number and your account number.

I acknowledge that I have received and understand the fees associated with the PAYCARD _____
Name _____ Date _____

ATTACH CHECK HERE

A signed form must be on file with the employer.
Please mail the completed form to the address below.
Oklahoma Panhandle State University
PO Box 430-Payroll
Goodwell, OK 73939

Paycard Option
Customer Service Phone Number:
1-866-444-4283

AUTOMATIC DEPOSIT AUTHORIZATION INSTRUCTIONS

Do not fill out or submit this form for change of Address or Name change.

1. Social Security Number Enter employee social security number.
2. Name Type or print employee name exactly as it appears on your account.
3. Type of Account Indicate whether your account is a checking or savings account or paycard. If paycard is selected see number 9.
4. Financial Institution Name Enter the name of the bank, savings and loan or credit union where your account is held, i.e.: Bank-One.
5. Financial Institution, City, State Enter the city and state of your financial institution.
6. Employing Agency Enter the name of the state agency you work for.
7. Signature and Date Sign and date the request form. **NOTE-A** request form cannot be processed without your signature as authorization.
8. Voided Check For deposit to a checking account, attach to this request a VOIDED check from the financial institution of your choice so that we can use the information to make a proper deposit. For a deposit to a savings account, provide a document from your financial institution showing the financial institution's routing number and your account number. **NOTE-A** request form cannot be processed without this information. Thank you.

WHAT HAPPENS NEXT

When your payroll, spending, and/or travel reimbursement is included in the Direct Deposit system, or the Paycard you will receive a Notice of Deposit instead of a warrant. The pay stub will not change, you will continue to receive a record of your earnings.

If you should have any problems, follow the procedures listed below:

1. Call your bank and ask for Commercial Direct Deposit Assistance. Advise them that you are on direct deposit through "ACH" (Automated Clearing House). If you still have problems, ask to speak to an Officer of the Bank, a Teller Supervisor or a Customer Service Representative. Write down the names of the people you talk to and the phone number you called.
2. For Payroll Deposits
If you are not satisfied with the results for pay warrants, contact the payroll office of your employer, Direct Deposit Unit. You must have completed Step 1 before calling the Direct Deposit Unit. We will need the Phone Numbers and Names of the people you talked with at your bank.
3. For Travel Deposits
If you are not satisfied with the results for travel warrants, contact your agency representative(s) who processes your travel claims.
4. For Spending Account Deposits
If you are not satisfied with the results for spending account warrants, contact Spending Accounts Administration at the Employees Benefit Council (405) 232-1190.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	QR Code - Section 1 Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; text-align: center; font-size: small;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

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

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR	AND	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

Self-Identification

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select the box(s) that apply to your veteran status.

I am not a veteran. (I did not serve in the military.)

I belong to the following classifications of protected veterans (Choose all that apply):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

Military Discharge Date (MM/DD/YYYY):

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

I am NOT a protected veteran. (I served in the military but do not fall into any veteran categories listed above.)

I choose not to identify my veteran status.

Your Name / Z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.