

Student Employment Policies

Congratulations on your new job!!! Below you'll see a checklist of the **required** items in this packet that need to be submitted to Career Services. **If you've worked on campus before, you only need to submit the *Montana Tech Student Employment Certification form*.**

- Signed Student Employment Policies form
- Montana Tech Student Employment Certification form
- W-4 form
- I-9 form (you will need acceptable documents; see list on page 9)**
 - ! *Federal Law requires that the I-9 form is completed within 3 business days of your start date.*
- Copy of acceptable documents used by supervisor to complete the I-9 form
- Copy of Social Security Card for all student employees (Montana Tech Policy)
- Decedent's Warrant
- Equal Employment Opportunity Form (optional)
- Statement of Selective Service Registration Status
- Employee Authorization For Electronic Payroll Deposit (optional)

This packet must be completed and submitted to the Career Services Office *in its entirety* as soon as possible. If paperwork is turned in late or incomplete, it may result in a one month delay in your pay.

Please carefully read and initial each item below:

_____ The maximum workload is 20 hours per week when classes are in session and no more than five consecutive eight hour days during vacation or break periods. Undergraduate students may not exceed this workload. *Graduate students may qualify to work more than 20 hours/week; approval is obtained through written request to Career Service.*

_____ I understand that as a Montana Tech employee, I may have access to data and information (both hard copy and electronic) pertaining to students, faculty and staff of the institution and that this information is to be used **ONLY** in relation to the performance of the job in which I am employed. Information shared within the college should be only to those with legitimate educational interest or need to know. I agree not to divulge such information to anyone outside the college, unless Montana Tech has defined the information as directory information, and there is not a confidentiality hold on that person's record. **As protection to the integrity of official Montana Tech policies and procedures, and as a safeguard to the privacy of personnel and student records (both personal and academic), copying a record or removing a record from the campus is not permitted. (This includes printing an electronic record from an off campus site).** I understand that I am accountable for compliance with these Montana Tech policies and with any associated federal and state laws. I have read and understand the confidentiality requirements listed above and recognize that my access to student and/or personnel records is based on acceptance of these terms.

The following statement only applies to students awarded work study.

_____ You must be registered full-time and be in good standing at Montana Tech to receive work study. Your registration is checked on a regular basis and should you drop below full-time status (i.e. 12 semester credit hours), your work study may be suspended.

I have read the above student employment policies and have submitted the materials required for employment:

Signature

Date

MONTANA TECH STUDENT EMPLOYMENT CERTIFICATION

This form expires on the last day of spring semester. Renewal is required for summer and fall employment annually.

Student Name	Last	First	Middle	Student ID Number
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STUDENT EMPLOYEE WORK STUDY AWARD INFORMATION

Have you been awarded Work Study? Yes No If yes, will you use it for this position? Yes No

Have you been awarded a GTA? Yes No If yes, Employing Department _____

STUDENT INFORMATION (To Be Completed By Student)

Permanent Mailing Address _____
(For mailing W2s) Street City State Zip

Telephone Number _____ Email Address: _____

Birth Date: ____/____/____ Male Female Are you a US Citizen? Yes No If no, what country are you from? _____

Previously employed at Montana Tech? **No** (complete entire Student Employment Hire Packet)

Yes (complete Student Employment Certification Form only) Month/Year of last employment _____

Currently working at Montana Tech? Yes No Department(s): _____
(Note: Total hours per week cannot exceed 20. See policy online for details.)

Year in School:

COT 1st yr COT 2nd yr FR

SO JR SR Post Bacc Grad

Student Signature _____

Date _____

EMPLOYMENT INFORMATION (To Be Completed By Employer)

Please complete this section to insure proper wage rate and department/project is charged.

Employing Dept. _____

Job Title _____

Hourly Wage (at least minimum wage) \$ _____

Stipend* \$ _____ Monthly Semester

Hours worked (20/wk max) must be recorded on all time cards!

*See Job Classification & Wage guidelines online for restrictions.

For this position, employee is New Returning Expected Employment Period From ____/____/____ To ____/____/____
M/D/Y M/D/Y

Approximate hrs/week _____ Send time cards to: _____ **Charge to Depart./Project #** _____
(If left blank, will go to the employer) (Required for all jobs, including work-study.)

Job Description (If left BLANK, form will be RETURNED to the Employer for completion, which could result in a delay of pay.)

(Justification REQUIRED if wage is above entry rate, attach to form) Will this employee have access to student information? Yes No

Employer Name & Email Address _____ (please print)

Employer Signature _____ Date _____

FOR OFFICE USE ONLY:

WS/GTA Award accepted? Yes No Amount \$ _____ More than one WS job? Yes No

Job Classification _____ Awarded Terms: Fall _____ Spring _____ Summer _____

1225 (NWS) 1226 (FWS) 1226(SFWS) 1228(SWS) 1228 (SSWS) 1126 GTA (BGA011) 1127 GRA (other dept.)

Form W-4 (2012)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

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

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

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

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

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. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 - 2. Record the document title, document number, and expiration date (if any) in Block C; and
 - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing 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 Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals 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.

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 form will be kept by the employer and made 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.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

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 12 minutes per response, including the time for reviewing instructions and completing and submitting 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 Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
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Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
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Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____	OR	_____	AND	_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

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

1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
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	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

STATE OF MONTANA DEPARTMENT OF ADMINISTRATION		DESIGNATION OF PERSON AUTHORIZED TO RECEIVE DECEDENT'S WARRANTS		
<u>INSTRUCTIONS TO EMPLOYEES</u> 1. Show the designee's full name: for example, "Mary Jane Smith". Not Mrs. John E. Smith. 2. Show designee's Social Security number and date of birth. 3. Erasures or corrections may not be made in the writing of designees' name. If an error has been made, complete a new form. 4. Sign, and submit to your personnel office or payroll clerk. 5. You may change your designation at any time by filing a new designation with your personnel office or payroll clerk. 6. You may completely revoke a designation at any time by a letter to your employer signed by you. 7. Inform your personnel office or payroll clerk when a change occurs in your designee's address.		<u>INSTRUCTIONS TO EMPLOYERS</u> 1. Review the prepared form to ensure that the employee has completed it properly. 2. Advise the employee that this form is a legally binding document. 3. Upon the decease of an employee, fill in the information on the bottom of this form; certifying officer should be the agency head or personnel officer. 4. Forward two copies of the form with all negotiated warrants to the DOA Accounting office. DO NOT SEND IT TO STATE PAYROLL. 5. If death occurs after a warrant has been issued but before it has been negotiated, recover the warrant (if possible) and submit it to the DOA Accounting office with this form. 6. Have your employees periodically review their designation.		
EMPLOYEE'S NAME				
		(FIRST)	(MIDDLE) (LAST)	
		SOCIAL SECURITY #		
DESIGNEE	Pursuant to Section 2-18-412, MCA, I hereby designate the following person who notwithstanding any other provision of law, shall be entitled upon my death to receive all state warrants, excluding warrants for payment of death benefits and refund of employee retirement contributions, that would have been payable to me as a result of my employment with the State of Montana had I survived:			
	(FIRST)	(MIDDLE)	(LAST)	
	SOCIAL SECURITY #		Date of Birth	
	DESIGNEE'S ADDRESS		CITY, STATE, & ZIP	
STIPULATION	I hereby revoke any previous designation filed by me.			
	If the above-named designee cannot be contacted within sixty (60) days after the date of my death, this designation shall be void.			
	This designation will remain in full force and effect during my employment with the Montana State Agency identified below until revoked in writing by me. This designation will automatically terminate on the date final payment is received as the result of said employment.			
NAME OF STATE AGENCY, BOARD OR COMMISSION FOR WHICH YOU ARE EMPLOYED		Montana Tech of the University of Montana		
EMPLOYEE			AGENCY? USE	
	SIGNATURE			DATE
	ADDRESS			Designation
				Revoked
				Auto canceled
CITY		STATE	ZIP	
			Date Deceased	

EQUAL EMPLOYMENT OPPORTUNITY FORM

Explanation: This is a voluntary, confidential form that is kept separate from your application. Montana Tech, as a federal contractor, uses this procedure for obtaining applicant flow information. This flow information is analyzed to determine if our selection process assured equal employment opportunity. We ask your cooperation in providing the following information and returning to: The Personnel Office, 1300 West Park St., Butte, MT 59701.

Position Applied For: _____ Sex: Male Female

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

Address: _____ Date of Birth: _____
(Street) (City) (State) (Zip Code) (MM/DD/YY)

Federal and state law prohibit discrimination on the basis of race, color, sex, national origin, creed, religion, age, disability, political affiliation, or marital status.

U.S. Citizen? Yes No Please check one of the following EEO Categories:

If no, indicate Visa Type: _____
Expiration Date: _____

Black (Non-Hispanic)

Hispanic

or Permanent Residency No: _____

Asian or Pacific Islander

Other (Please Specify): _____

American Indian or Alaskan Native

Veteran: _____ Yes _____ No

White (Non-Hispanic)

Disabled Veteran: _____ Yes _____ No

Other (Please Specify) _____

Vietnam Era Veteran: _____ Yes _____ No

Disabled Person*: _____ Yes _____ No

Montana Tech recognizes its obligation to provide reasonable accommodations to its employees on account of disability within the budget limitations imposed by the State of Montana.

*Definition of a disabled person: Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, seeing, hearing, speaking, breathing, learning, and working.

How Did You Learn of this Opening?

- Newspaper Advertisement
- Posted Notice
- Professional Conference
- Personal Contact outside Department
- Personal Contact within Department

- Professional Journal (specify) _____
- Other (please specify) _____



MONTANA UNIVERSITY SYSTEM
Office of the Commissioner of Higher Education

0 Broadway ♦ PO Box 203101 ♦ Helena, Montana 59620-3101 ♦ (406)444-6570 ♦ FAX (406)444-1469

Statement of Selective Service Registration Status

If you are a male, born after July 1, 1975, the Montana Compliance with Military Selective Service Act requires that you register with the Selective Service System unless you meet certain exemptions under Selective Service law. If you are required to register, but fail to do so, you are not eligible for employment with the Montana University System.

Non-registered Men Under Age 26

If you have reached your 18th birthday, are under age 26, and have not registered, you **must** register. The Montana University System is prohibited from hiring you unless you are registered.

Certification of Registration Status

Check one:

- I certify that I am registered with the Selective Service System.
- I certify that I am not required to register with the Selective Service Administration.

False Statement Notification

A false statement may be grounds for not hiring you, or for dismissing you if you have already begun work. Also, you may be punished by fine or imprisonment.

Legal signature of individual

Date signed

To register with the Selective Service or to obtain more information, visit the Selective Service System at www.sss.gov, call 1-847-688-6888, or write to:

Selective Service System
Registration Information Office
P. O. Box 94638
Palatine, IL 60094-4638

EMPLOYEE AUTHORIZATION FOR ELECTRONIC PAYROLL DEPOSIT

EMPLOYEE NAME	SOCIAL SECURITY NUMBER
---------------	------------------------

I authorize Montana Tech of The University of Montana to deposit my pay to my account indicated below, and I authorize the depository named below to accept my payroll deposit and credit the amount to my account.

NAME OF BANK		BRANCH																													
CITY	STATE	ZIP																													
FRB ROUTING NUMBER		ACCOUNT NUMBER																													
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This authority is to remain in full force and effect until Montana Tech receives written notification from me of its termination.

NAME(S) ON EMPLOYEE'S ACCOUNT	9 CHECKING (Attach voided deposit slip) 9 SAVINGS
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DATE _____ SIGNATURE _____

WORK PHONE NUMBER _____

NOTE: The first pay date following the completion of the electronic fund transfer form will generate a check to be picked up in the Business Office. The account numbers are verified during that first pay period. Your pay will not be direct deposited into your bank account until the second pay date. If you are ever unsure of your account balance, please call your bank to verify the direct deposit before writing checks. Montana Tech is not responsible for checks returned due to insufficient funds.



Student, please detach this section and retain for your records.

If you do not authorize direct deposit, your paycheck will be available on the 1st of the month.* You can pick up the check in the Business Office, MG 207 with your photo ID.

**If the 1st is on a Sunday or holiday, checks will be available the following business day. If the 1st is on a Saturday, checks will be available on Friday.*

**Additional student employment information is available at
www.mtech.edu/studentemployment**