START HERE

Welcome to Superior Care

Your work helps clients stay safe, comfortable and independent at home. We expect dependable attendance, respectful care, honest records and prompt communication. Ask questions early - the office is here to help you succeed.

Who to contact

Need help with	Start with
Shifts, staffing, lateness or call-offs	Stella Henderson - Branch Supervisor
Personnel documents, missing records or renewals	Markale Williams - Office Manager / Compliance
Unresolved concerns or operational decisions	Michael Johnson - Director of Operations
Immediate danger or a medical emergency	Call 911, then notify the office when safe

Main office: 412-446-2889
Director of Operations: extension 1001
Call-off / late-arrival line shown in the portal: 412-223-4130

Our everyday expectations

- Arrive on time and ready to work. Stay for the approved shift; report a change promptly.
- Follow the client care plan and perform only duties for which you are trained and cleared.
- Treat clients, families and coworkers with dignity. Maintain privacy and professional boundaries.
- Record actual time and services accurately. Complete each required visit record promptly.
- Check portal messages, meet assigned due dates and keep your contact information current.

This guide supports the employee handbook, job description and agency policies. It does not create an employment contract or replace the full policies. Ask the office to explain anything unclear. Application references in the attached packet refer to its labeled agency pages.

PORTAL ACCESS

Register and sign in

Caregiver portal:
https://superiorcarehomecare.net/caregiver

1. Ask the office to confirm the exact email address in your employee file. Your sign-in account must use that same email.

2. Open the link above on your phone or computer, or visit the website and choose the caregiver portal. Use your own account; never use a manager's or another employee's login.

3. On the sign-in screen, sign in to your own ChatGPT account. If you do not have an account, choose the account-creation option and follow the on-screen steps using the email confirmed by the office.

4. Complete any email verification requested by the sign-in provider. Return to the caregiver portal after sign-in.

5. Check that the name shown is yours. If another name appears, sign out immediately and report the issue before viewing or entering records.

6. Open your available sections. Employee tabs include My training, My documents, Electronic timesheets, Daily Client Charts and Message the office. Access depends on your hiring stage and permissions.

If you see "Applicant screening"

This is limited pre-employment access. Upload your requested photo ID and any documents already available, then choose **ID Uploaded - Request Staff Review** when shown. Staff review unlocks the next training steps. A screening account is not permission to work with clients.

If registration or access does not work

If the portal says your email is not linked or access is not active, call the office to verify your employee-file email and status. If the wrong account is signed in, use **Sign out and use a different email**. Avoid creating duplicate accounts to work around the message.

For a forgotten password, use the recovery option on the sign-in screen. Office staff cannot view or reset your ChatGPT password. Never send passwords or verification codes to anyone.

Keep the link handy

Bookmark the caregiver portal. You can also use your phone browser's **Add to Home Screen** or **Install** option when available. Open that shortcut and sign in when prompted. A shortcut does not replace secure sign-in.

TRAINING AND RECORDS

Complete training and submit proof

1. Open **My training** after the office has enabled your training access. Screening applicants use the training section shown after staff review.
2. Find the assigned course and its due date. Select its **Start** course link so you open the correct training. The external training provider may require a separate account; ask the office if you do not have access.
3. Complete the lesson and any quiz or competency requirement. If assigned categories 1-10, complete all assigned courses within each category, plus any personal-care or client-specific training the office assigns.
4. Download or save the completion certificate. Check that it shows your name, the course title and completion date. Keep a copy for your records.
5. Return to the matching training assignment. Use **Upload this course's certificate**, choose the file, check the confirmation, then select **Upload certificate**. PDF, JPG and PNG are accepted there.
6. Check the assignment and **Document receipts** for office review or correction instructions. Uploading a certificate does not automatically mean it has been approved. If the course is missing or has no link, contact the office.

Core training categories 1-10

1. Confidentiality
2. Consumer control and independent living
3. Instrumental activities of daily living
4. Recognizing changes in the consumer
5. Basic infection control
6. Universal precautions
7. Handling emergencies
8. Documentation
9. Recognizing and reporting abuse or neglect
10. Dealing with difficult behaviors

Upload other requested documents

Open **My documents** → **Send a document to the office**. Choose the correct document type, enter an expiration date when applicable, select a clear file, and choose **Upload securely**. Use the matching Form I-9 or Form W-4 type for those documents after an offer. Follow the separate **Direct Deposit** section for banking information.

Provide health / TB records through the office's confidential post-offer process. Do not put medical information, Social Security numbers or bank details into general portal messages. Complete renewals by the dates assigned by the office.

WORKING EACH SHIFT

Care, attendance and documentation

Before and during the visit

Confirm the client, location and approved shift. Review the care plan and ask about unclear duties before starting. Wear clean, appropriate work clothing and your identification; follow hand hygiene, PPE and safe-transfer instructions. Give the client your attention and keep personal phone use from interfering with care.

Do not independently change services, treatment or medications. Do not work beyond your training, bring unauthorized visitors, borrow or lend money, accept inappropriate gifts, use client property personally, or share client photos or information. Report unsafe conditions and changes in the client promptly.

Calling off or arriving late

1. Open **Call-off / late arrival** in the portal and enter the shift date, start time, client / assignment, reason and expected arrival time if late.
2. Choose **Submit & Call**. Confirm the call on your phone if prompted. If you cannot submit, call **412-223-4130** directly. Contact the main office if you cannot reach the designated line.
3. Check for office confirmation. Submitting a request does not confirm coverage or that someone received it. Keep trying the office / designated on-call contact for urgent coverage needs. Do not arrange an unapproved substitute or abandon a client who needs immediate assistance.

CareTime, daily charts and backup timesheets

Use CareTime for EVV as directed. Clock actual arrival and departure and report technical problems or missed punches promptly. Do not clock for another worker or record services not performed.

Open **Daily Client Charts** to complete the required client visit chart. Document completed care and relevant observations promptly. Do not assume a timesheet automatically completes the daily chart; complete each record required by the office.

When a portal timesheet is required, open **Electronic timesheets** or **Complete & submit a timesheet**. Enter the client's full name, date, actual times, completed duties and notes. Review the record, add your typed signature, check certification, and submit. The name must match an active client record; call the office if it cannot be verified. Check for returned corrections.

Emergency: call 911 first for immediate danger or a medical emergency. Notify the office when safe and complete the required incident documentation. An online report or message is not a substitute for an emergency call.

RECOGNITION AND REWARDS

Our points & incentive program

Open **Recognition & Rewards** in your caregiver portal, or use superiorcarehomecare.net/caregiver/rewards. The program recognizes verified contributions to quality care and teamwork.

Ways to earn points - current guidelines

Training completed on time: 25 suggested points

Accurate, timely timesheets / EVV: 10 suggested points

Documented positive client feedback: 20 suggested points

Approved open-shift coverage completed: 25 suggested points

Successful caregiver referral: 100 suggested points

Other exceptional service: 25 suggested points

Office staff verify the event. Michael or Elizabeth approves the final award; the amount shown in your history is the approved amount. Points are not automatically awarded simply because you complete a task. For referrals, ask the office for the required hiring and retention milestone before expecting an award.

View your balance and request a reward

1. Use **My recognition** to see available points, approved points earned, reserved points and redeemed points.

2. Open **Reward catalog**. Review the currently published items, point costs, availability and delivery details. Suggested examples include a lanyard (50), mug (100), bag (150), hoodie (250) or scrubs (400); these examples do not guarantee an item is currently offered.

3. If you have enough available points, choose **Request reward** and confirm. The request reserves the points immediately while the office reviews it. Check **Points & reward history** for status and office notes.

4. A pending request can be canceled using **Cancel request & return points**. Wait for office delivery instructions after approval. Cash or payroll rewards, if offered, are processed separately by the office.

Caregiver of the Month

Open **Caregiver of the Month** to share your contribution for recognition. Management reviews the selection; approved honorees and certificates appear in the portal. Keep client names and private client information out of recognition statements. Ask the office to review a missing or incorrect award.

GETTING STARTED

First-shift checklist & acknowledgment

Finish with the office before your first assignment

[ ] My employee-file email is correct; I can sign in and see my own name.

[ ] I know how to check messages, upload documents and request help.

[ ] The office has reviewed my required hiring records and told me what remains outstanding.

[ ] I have completed assigned training and submitted certificates; the office has verified required competency and health / TB clearance.

[ ] I have received and reviewed my job description, employee handbook and applicable policies.

[ ] I know my approved client, shift, care plan, safe-transfer requirements and who to call.

[ ] I have been shown CareTime, daily charts, backup timesheets and the call-off process.

[ ] I have received the written pay schedule and know how to ask about payroll.

Pay and personal-information questions

Report all time actually worked, including missed punches, so the office can review and correct the record. Ask the office about the pay-period dates, submission deadline and payday on your written schedule. Notify payroll promptly if time, pay or banking information looks wrong. Use **My pay stubs** for records the office has uploaded; an empty section means you should ask for your copy.

Use **Update my information** to request changes to your email, phone, address or emergency contact. Continue using your current sign-in email until the office approves an email change. Updating the employee file does not change the email or password on your sign-in account.

Employee acknowledgment

I received this guide, understand the expectations and know how to ask questions. I understand that registration, a document upload or my signature does not establish completed training or permission to accept a client assignment. The office must confirm clearance. This acknowledgment does not waive my rights or certify that unfinished checklist items are complete.

Employee printed name: _____

Employee signature: _____ Date: _____

Orientation reviewer: _____ Date: _____

Questions / items needing follow-up: _____

_____

Office contact and portal instructions checked against the current portal source on October 21, 2026. The office should update this guide whenever phone routing, access steps or procedures change.

SUPERIOR CARE HOME CARE

107 Maple Avenue, Pittsburgh, PA 15218 | 412-446-2889

Application & packet guide

APPLICATION STAGE - Applicant completes pages 1-4. Office controls later-stage pages.

Agency-created packet aligned to Pennsylvania home care hiring requirements. **This is not a state-issued or state-approved application.** It supports documentation; it does not itself establish licensing compliance or permission to work.

HOW TO COMPLETE THIS PACKET

Walk-in application: pages 1-4. Print clearly; write N/A where appropriate. Do not enter bank details, Social Security numbers, medical diagnoses, or immigration-document numbers on these pages.

Screening: page 5. **After a conditional offer:** page 6 and direct deposit on page 11, if elected. **Before assignment:** review and sign pages 7-10 with office staff. Office completes pages 12-13; provisional hire is optional and requires separate approval.

Federal attachments: 2026 W-4 (5 pages), I-9 (4 pages, edition 01/20/25, expires 05/31/2027), and I-9 instructions (8 pages). Complete I-9 only after accepting a job offer. Office must make the instructions and acceptable-document list available. Keep completed payroll, I-9, screening and medical records access-restricted.

APPLICANT INFORMATION

Full legal name (first, middle, last) _____

Preferred name _____ Application date _____

Street address / apartment _____

City / state / ZIP _____ Phone _____

Email _____

Position applied for _____ Available start date _____

Employment sought: [ ] Full-time [ ] Part-time [ ] PRN / as needed

Superior Care Home Care is an equal opportunity employer. Ask the office if you need an accommodation or assistance completing this application. Submitting this application does not create an employment contract.

SUPERIOR CARE HOME CARE

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Availability & qualifications

APPLICATION STAGE - Do not attach confidential medical or payroll information.

Applicant name _____

Desired hourly rate _____

WORK AVAILABILITY

Enter earliest start and latest end time, including AM/PM. Indicate overnight availability separately.

Monday: [ ] Available [ ] Unavailable From: _____ To: _____

Tuesday: [ ] Available [ ] Unavailable From: _____ To: _____

Wednesday: [ ] Available [ ] Unavailable From: _____ To: _____

Thursday: [ ] Available [ ] Unavailable From: _____ To: _____

Friday: [ ] Available [ ] Unavailable From: _____ To: _____

Saturday: [ ] Available [ ] Unavailable From: _____ To: _____

Sunday: [ ] Available [ ] Unavailable From: _____ To: _____

Overnight shifts: [ ] Yes [ ] No Holidays: [ ] Yes [ ] No
Short-notice coverage: [ ] Yes [ ] No Homes with pets: [ ] Yes [ ] No

Counties / communities / travel limits

_____

ROLE & EXPERIENCE

[ ] Caregiver / direct care worker [ ] Personal care aide [ ] HHA
[ ] CNA [ ] LPN [ ] RN [ ] Office staff [ ] Other: _____

Years of relevant experience _____

Languages / communication skills _____

Are you at least 18? [ ] Yes [ ] No
Are you authorized to work in the United States? [ ] Yes [ ] No
Will you require employment sponsorship? [ ] Yes [ ] No
Do you have reliable transportation to assigned locations? [ ] Yes [ ] No

If driving is an essential duty: valid license? [ ] Yes [ ] No [ ] N/A
Required vehicle insurance? [ ] Yes [ ] No [ ] N/A

How did you hear about us? Prior employment with Superior Care (dates, if any)

_____

SUPERIOR CARE HOME CARE

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Employment, education & credentials

APPLICATION STAGE - Attach an additional sheet if needed.

Applicant name _____ Date _____

EMPLOYER 1 - MOST RECENT FIRST

Employer / location _____ Supervisor / phone or email _____

Job title / primary duties _____ Dates employed (from / to) _____

Reason for leaving _____ May we contact? [ ] Yes [ ] No [ ] Later _____

EMPLOYER 2 - MOST RECENT FIRST

Employer / location _____ Supervisor / phone or email _____

Job title / primary duties _____ Dates employed (from / to) _____

Reason for leaving _____ May we contact? [ ] Yes [ ] No [ ] Later _____

EDUCATION & TRAINING

School / training program _____ Credential / completion date _____

School / training program _____ Credential / completion date _____

License / certification / issuing state _____ Number / expiration date (if applicable) _____

Relevant training: [ ] CPR / first aid [ ] HHA [ ] Nurse aide [ ] Other

Attach available credential copies. Staff will independently verify applicable licenses and competency evidence. An unchecked item does not establish ineligibility.

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References & applicant certification

APPLICATION STAGE - Provide at least two unrelated, verifiable references.

Applicant name _____ Date _____

REFERENCE 1

Name / organization _____ Relationship / years known _____

Phone _____ Email _____

REFERENCE 2

Name / organization _____ Relationship / years known _____

Phone _____ Email _____

JOB-RELATED ABILITY

Can you perform the essential duties of the position, with or without reasonable accommodation? [ ] Yes [ ] No [ ] Discuss with office. Do not list medical diagnoses here.

CERTIFICATION & REFERENCE PERMISSION

I certify that my answers are accurate and complete to the best of my knowledge. I authorize Superior Care Home Care to contact the references and employers I identified for job-related verification, subject to any contact restrictions marked above. I understand that material misrepresentation may affect hiring or continued employment, consistent with law.

An application is not a job offer. Assignment depends on office clearance, job qualifications and required screening. This authorization is not a substitute for any separate disclosure, consent or rights notice required when a consumer-reporting agency is used.

Applicant / employee signature _____ Date _____

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Residency & screening authorization

SCREENING STAGE - Staff maintains reports confidentially; do not record SSN on this page.

Applicant name / other names used for checks _____ Date _____

TWO-YEAR PENNSYLVANIA RESIDENCY

Have you lived continuously in Pennsylvania during the two years immediately before the criminal-history request? [ ] Yes [ ] No [ ] Unsure

PA residency began (date) _____ Criminal-history request date (office) _____

Addresses and dates covering the preceding two years

_____

_____

Evidence supplied: [ ] Motor vehicle / state ID records [ ] Housing records
[ ] Utility records [ ] Local tax records [ ] Preprinted tax return
[ ] Employment records. Staff must verify the time period; a current address alone does not document two years.

SCREENING AUTHORIZATION & PERSONAL SUITABILITY

I authorize job-related verification of submitted credentials, references, applicable exclusion status and required criminal-history / child-abuse clearances, using the proper agency processes. Staff will explain any additional release needed. I will provide accurate identifying information through a secure process and notify the office of relevant changes affecting eligibility.

I understand the office must assess eligibility from the actual required records and applicable law. This statement does not replace criminal-history reports, ChildLine clearance when applicable, or a Department of Aging determination when required. I may ask how to dispute an inaccurate record.

Applicant / employee signature _____ Date _____

Office routing: [ ] PA State Police route for documented two-year residents
[ ] Federal history and PA Aging determination route for applicants without two years of PA residency [ ] ChildLine required [ ] ChildLine not applicable
[ ] Separate consumer-report disclosure / authorization / rights process needed

Documents requested / date _____ Reviewer / follow-up date _____

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Conditional-offer personnel information

AFTER CONDITIONAL OFFER - Keep health information separate and access-restricted.

Employee name _____

Offer accepted / anticipated start date _____

EMERGENCY CONTACT

Contact name / relationship _____

Primary phone _____

Alternate contact / relationship _____

Alternate phone _____

CONFIDENTIAL PERSONNEL DETAILS

Date of birth (post-offer only) _____

Gender (optional / self-described) _____

Race / ethnicity (optional, for authorized reporting only): _____

[ ] Prefer not to answer. Voluntary demographic answers are not used to decide hiring. Provide SSN only on the official tax / employment-verification forms or designated secure payroll process.

HEALTH & TB DOCUMENTATION

Before direct consumer contact, provide the required TB screening documentation. The office checks that it is dated within the year before starting and tracks updates at least every 12 months under Chapter 611. Follow the agency health policy and clinician-directed screening process; do not assume a questionnaire alone satisfies every circumstance.

I will promptly report work-related exposure, illness symptoms affecting safe care, or restrictions to the designated office contact and follow infection-control directions. Medical details and requests for accommodation are handled privately. I do not need to disclose a diagnosis on the application.

Provider / screening date (office) _____

Documentation received / next due date _____

[ ] Cleared documentation on file [ ] Pending - no direct consumer contact

Additional documentation / provider follow-up: _____

Applicant / employee signature _____

Date _____

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Caregiver duties & competency

BEFORE ASSIGNMENT - A signature is an acknowledgment, not proof of demonstrated competency.

Employee name _____

Orientation date / instructor _____

CARE ROLE ACKNOWLEDGMENT

I will provide only the services authorized in the client care plan, for which I have been trained and cleared. I will respect the client's choices, independence and privacy; communicate changes in condition; maintain a safe environment; and ask for direction when a task is unfamiliar or outside my role. I will not perform skilled nursing tasks merely because a client asks.

Potential duties include companionship, meal preparation, light housekeeping, errands and permitted personal care. Assistance with self-administered medications must stay within the authorized non-skilled role and agency policy. I will not independently change medications, doses or treatment.

OFFICE COMPETENCY RECORD - ATTACH SUPPORTING EVIDENCE

Pathway: [ ] Current PA nurse license [ ] Qualifying completed training
[ ] Agency competency exam. Evidence / date / evaluator: _____

For each topic, enter completion date / evidence reference; use separate competency records for actual testing and demonstrations.

Confidentiality; consumer control / independent living
Date / evidence / evaluator: _____

Instrumental daily activities; changes in consumer condition
Date / evidence / evaluator: _____

Infection control; universal precautions
Date / evidence / evaluator: _____

Emergencies; documentation
Date / evidence / evaluator: _____

Abuse / neglect reporting; difficult behaviors
Date / evidence / evaluator: _____

Personal care: bathing / grooming / dressing; hair / skin / mouth care
Date / evidence / evaluator: _____

Transfers / ambulation; meals / feeding; toileting
Date / evidence / evaluator: _____

Assistance with self-administered medications
Date / evidence / evaluator: _____

Annual competency review due: _____ Further training: _____

Applicant / employee signature _____ Date _____

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Privacy, client rights & reporting

BEFORE ASSIGNMENT - Read each statement and initial; office explains questions.

Employee name _____ Orientation / review date _____

Confidentiality / privacy. I will access only information needed for assigned duties, protect records and passwords, and share client information only through authorized channels. I will not post client names, photos, recordings or visit details on social media. I will promptly report lost records, wrong-recipient messages or suspected privacy breaches.

Initials: _____ Date: _____

Consumer rights and choice. I will treat clients respectfully without discrimination, involve them in their care, respect informed choices and privacy, and report concerns about unmet needs or unsafe plans. I will not retaliate because a client or worker raises a concern.

Initials: _____ Date: _____

Abuse, neglect and exploitation. I will promptly report suspected mistreatment through the required external reporting channels and notify the office. Office notice does not replace an individual's legally required report. I will preserve facts, avoid conducting my own investigation, and cooperate with authorized inquiries.

Initials: _____ Date: _____

Emergencies and changes in condition. I will call 911 for immediate danger or a medical emergency, then notify the office when safe. For non-emergency changes, incidents, falls, missed care, hospitalization or safety concerns, I will report promptly and document objective observations.

Initials: _____ Date: _____

Complaints and non-retaliation. I may raise concerns with the office, Director of Operations or appropriate outside authorities. I will not intimidate anyone, hide an incident or discourage a report. I will use the agency complaint / incident forms as directed.

Initials: _____ Date: _____

Office contact: 412-446-2889. The office must provide current incident-reporting instructions and external reporting contacts appropriate to the population served.

Applicant / employee signature _____ Date _____

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Safety & professional boundaries

BEFORE ASSIGNMENT - Agency policy acknowledgments; do not sign until reviewed.

Employee name _____ Review date _____

Infection control and PPE. I will follow hand hygiene, exposure precautions, safe cleaning and PPE directions. I will report supply gaps or unsafe exposure before continuing affected tasks and follow the office response plan.

Initials: _____ Date: _____

Safe transfers and equipment. I will use only equipment and techniques for which I am trained, follow the care plan, and obtain help when needed. I will not perform an unsafe lift or improvise a transfer outside the approved plan.

Initials: _____ Date: _____

Money, gifts and property. I will not borrow from or lend money to clients, request gifts, use their payment cards for personal purposes, or mix client funds with mine. Authorized purchases require the approved receipts and documentation process. I will not assume power of attorney or guardianship because of my agency role.

Initials: _____ Date: _____

Professional conduct. I will maintain boundaries, wear appropriate work attire and identification, protect keys and property, and work free from impairment. I will not bring unauthorized visitors, engage in harassment, or photograph or record clients without the approved consent process.

Initials: _____ Date: _____

Transportation and errands. I will transport a client only with agency approval, required credentials / coverage and the authorized plan. I will use seat belts and report accidents promptly. Transportation-program enrollment or payroll deductions require separate voluntary authorization.

Initials: _____ Date: _____

Unsafe homes and violence. I will report weapons, threats, dangerous conditions or suspected impairment affecting safety. I will move to safety and contact emergency services when needed, notify the office, and follow its backup / emergency plan.

Initials: _____ Date: _____

Applicant / employee signature _____ Date _____

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Attendance, EVV & policy receipt

BEFORE ASSIGNMENT - Complete with office staff; pending items must be identified.

Employee name _____ Orientation / review date _____

Schedules, call-offs and coverage. I will follow approved schedules and promptly contact the office about lateness, absence or inability to complete a shift. I will use the designated portal / phone process and follow up when an urgent response is needed. I will not substitute another worker or change authorized hours without office approval.

Initials: _____ Date: _____

EVV and timesheets. I will record actual arrival, departure, duties and service time accurately. I will not clock in for another worker, record work not performed or copy false entries. I will promptly report missed punches and outages and submit the required backup timesheet. Management verifies corrections and approvals; all hours actually worked must be reported.

Initials: _____ Date: _____

Training and renewals. I will complete assigned training and competency reviews, provide required renewal evidence, and notify the office when documents expire. Acknowledging a training assignment is not the same as completing the course or demonstrating competency.

Initials: _____ Date: _____

Portal use and communication. I will use my own account, protect credentials, review assigned messages and documents, and notify the office about access problems. Sensitive banking or identity information must use the designated secure forms rather than ordinary messages.

Initials: _____ Date: _____

HANDBOOK & POLICY RECEIPT

Record only documents actually supplied. Receipt does not waive legal rights or create an employment contract.

Employee handbook / version: _____ [ ] Received [ ] Pending

Caregiver job description / version: _____ [ ] Received [ ] Pending

Call-off / backup staffing / emergency procedures: _____ [ ] Received [ ] Pending

Incident reporting / client rights / privacy policies: _____ [ ] Received [ ] Pending

Questions, missing materials or additional orientation needed

_____

Applicant / employee signature _____ Date _____

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Voluntary direct deposit authorization

AFTER OFFER - CONFIDENTIAL PAYROLL PAGE - Detach for restricted payroll storage.

Employee full name _____ Employee number / phone _____

Request: [ ] New enrollment [ ] Banking change [ ] Cancel authorization

Bank / financial institution _____

Account holder name _____ Account type: [ ] Checking [ ] Savings

Routing number (9 digits) _____ Account number _____

Please verify the routing and account numbers against your bank document.

EMPLOYEE AUTHORIZATION

I voluntarily authorize Superior Care Home Care to deposit 100% of my net wages into the account listed above. I confirm the information is accurate and I am authorized to receive deposits into this account. This authorization continues until I submit a written replacement or cancellation and the office has a reasonable opportunity to process it. A change is effective only after office confirmation.

For cancellation, leave banking fields blank and mark Cancel authorization. I understand this form does not authorize unrelated deductions or guarantee a specific processing date. I will ask the office about available payment methods if I do not elect direct deposit.

Attach a voided check or bank-issued direct-deposit verification for a new account or change. Do not attach a debit card, PIN or banking password.

Employee signature _____ Date _____

PAYROLL USE ONLY

Received / entered by _____ Date / time _____

Bank details verified by / date _____ Confirmed effective payday _____

[ ] Pending verification [ ] Accepted for setup [ ] Correction requested

Employee notified of effective date / method: _____

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Interview, references & final clearance

OFFICE USE ONLY - Supporting reports and evidence must be retained.

Applicant / employee name _____

Employee ID / proposed start _____

Interview date / interviewer _____

Method: [ ] In-person [ ] Video [ ] Other _____

Interview findings / ability to provide home care _____

Reference 1 contacted: _____ Date: _____ By: _____
Relationship (not related): _____ [ ] Satisfactory [ ] Follow-up needed
Reference 2 contacted: _____ Date: _____ By: _____
Relationship (not related): _____ [ ] Satisfactory [ ] Follow-up needed

PRE-ASSIGNMENT EVIDENCE - ENTER DATE / FILE LOCATION

[ ] Application and interview record; two satisfactory references
Date / location / reviewer: _____

[ ] Residency evidence and required criminal-history / Aging determination
Date / location / reviewer: _____

[ ] ChildLine (if applicable) and required program exclusion checks
Date / location / reviewer: _____

[ ] TB documentation current before contact; next renewal scheduled
Date / location / reviewer: _____

[ ] Qualifying competency evidence and client-specific orientation
Date / location / reviewer: _____

[ ] Job description, handbook and applicable policy acknowledgments
Date / location / reviewer: _____

[ ] I-9 completed within required deadlines; W-4 received by payroll
Date / location / reviewer: _____

Missing items / restrictions: _____
[ ] Not cleared [ ] Fully cleared [ ] Provisional route separately approved on page 13

File review - supervisor / date _____

Compliance second review / date _____

Final assignment release - DOO / date _____

Client / assignment start (after release) _____

Office references: 28 Pa. Code Chapter 611, sections 611.51-.57; current official W-4 and I-9 instructions. Agency pages are operational forms, not a substitute for full policy manuals, actual screenings or the separate competency examination.

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Optional provisional hire record

OFFICE USE ONLY - Do not use for routine fully cleared hires. Agency cap: 30 calendar days.

Applicant name _____

Provisional start / mandatory end date _____

Use only if the agency permits provisional hiring and every applicable requirement is met. Superior Care's 30-day agency limit applies even where a regulation may permit a longer period. Do not extend this form to bypass screening, competency or health requirements.

APPLICANT AFFIRMATION

I affirm that, to the best of my knowledge, I am not disqualified from employment under the applicable home care hiring requirements. The office has explained the relevant eligibility requirements and required record requests. I have provided truthful information and copies of completed requests for the required criminal-history report and ChildLine clearance, if applicable. I will promptly provide results and report information affecting eligibility.

I understand provisional status is conditional, does not guarantee continued work, and does not allow assignment before required competency and health clearance. Missing required results by the permitted deadline or disqualifying results require action under applicable rules and agency policy.

Applicant signature _____

Date _____

OFFICE APPROVAL & MONITORING

[ ] Completed record requests copied to file [ ] Eligibility rules explained
[ ] No known disqualifying information [ ] Written affirmation signed
[ ] Competency established [ ] Health / TB cleared before contact
[ ] Monitoring plan and deadline recorded [ ] Other applicable rules checked

Approving DOO / approval date _____

Deadline tracked by / reminder date _____

Random direct observation and consumer-feedback plan _____

Monitoring date / method / findings / action: _____

_____

Final report received / eligibility reviewed _____

Disposition / effective date _____

Source guide: PA Code chapter611 at pacodeandbulletin.gov; IRS irs.gov/FormW4; USCIS uscis.gov/i-9. I-9 reproduction in this packet was obtained from Catasauqua Area School District's published 2026 copy after the USCIS download endpoint was unavailable; the printed edition and expiration were verified. Keep federal pages unchanged.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

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

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	**(b) Social security number**
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

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

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

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

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

1. Are submitting this form after the beginning of the year;

2. Expect to work only part of the year;

3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;

4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or

5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

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

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



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

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

Step 4.

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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

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

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

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

1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** $

2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** $

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** $

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** $

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3**

4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** $

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

- **a** **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000 . . . . . **1a** $
- **b** **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . . **1b** $
- **c** **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000 **1c** $

2 Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** $

3 **Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):

- **a** Enter $6,000 if you are age 65 or older before the end of the year . . . . . **3a** $
- **b** Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** $

4 Add lines 3a and 3b. Enter the result here . . . . . **4** $

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** $

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

- **a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . **6a** $
- **b** **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately) . **6b** $
- **c** **Home mortgage interest.** If your home acquisition debt is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** $
- **d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . **6d** $
- **e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** $

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** $

8 **Limitation on itemized deductions.**

- **a** Enter your total income . . . . . **8a** $
- **b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** $

9 Enter:
- $768,700 if you're married filing jointly or a qualifying surviving spouse
- $640,600 if you're single or head of household
- $384,350 if you're married filing separately

. . . . . **9** $

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** $

11 **Standard deduction.**

Enter:
- $32,200 if you're married filing jointly or a qualifying surviving spouse
- $24,150 if you're head of household
- $16,100 if you're single or married filing separately

. . . . . **11** $

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly) . . . . . **12** $

13 Add lines 11 and 12. Enter the result here . . . . . **13** $

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** $

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **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 with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$0	$480	$850	$850	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020	$1,020
$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$90	$850	$1,020	$1,020	$1,020	$1,070	$1,870	$1,870	$1,870	$1,870	$1,870	$1,970
$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	$0 - 9,999	$10,000 - 19,999	$20,000 - 29,999	$30,000 - 39,999	$40,000 - 49,999	$50,000 - 59,999	$60,000 - 69,999	$70,000 - 79,999	$80,000 - 89,999	$90,000 - 99,999	$100,000 - 109,999	$110,000 - 120,000
$0 - 9,999	$0	$280	$850	$950	$1,020	$1,020	$1,020	$1,020	$1,560	$1,870	$1,870	$1,870
$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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

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

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. An alien authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

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

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

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

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

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.	First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A **Documents that Establish Both Identity and Employment Authorization**	OR	LIST B **Documents that Establish Identity**	AND	LIST C **Documents that Establish Employment Authorization**
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, sex, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: **(1)** NOT VALID FOR EMPLOYMENT **(2)** VALID FOR WORK ONLY WITH INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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, sex, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		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		
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				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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

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

USCIS Form I-9 Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

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

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

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

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

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

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

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

Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name *(Family Name)* from **Section 1.**	First Name *(Given Name)* from **Section 1.**	Middle initial (if any) from **Section 1.**

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

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

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

Document Title	Document Number (if any)	Expiration Date (if any) (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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

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

Document Title	Document Number (if any)	Expiration Date (if any) (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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

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

Document Title	Document Number (if any)	Expiration Date (if any) (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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date *(mm/dd/yyyy)*

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Instructions for Form I-9, Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 05/31/2027

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

Purpose of Form I-9

Employers and employees must complete their respective sections of Form I-9. The form is used to document verification of the identity and employment authorization of each new employee (both U.S. citizen and alien) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document the verification of the identity and employment authorization of each new employee (both U.S. citizen and alien) hired after November 27, 2011.

Definitions

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

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

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

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

General Instructions

Filing Fee. See Form G-1055, available at **www.uscis.gov/forms**, for specific information about the fees applicable to this form.

Form I-9 consists of:

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

EMPLOYEES

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

EMPLOYERS

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

All employers must:

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

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

Section 1: Employee Information and Attestation

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

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

Step 2: Attest to your citizenship or immigration status.

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

1. **A citizen of the United States.**
2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.

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

4. **An alien authorized to work:** An individual who has authorization to work but is not a U.S. citizen, noncitizen national, or lawful permanent resident.

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

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

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

   (1) USCIS Number/A-Number (7 to 9 digits);

   (2) Form I-94 Admission Number (11 digits); or

   (3) Foreign Passport Number and the Country of Issuance

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

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

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

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

Step 5: Present Form I-9 Documentation

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

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

- List A documentations show both identity and employment authorization. Some documentation must be presented together to be considered acceptable List A documentation. If you present acceptable List A documentation, you should not be asked to present List B and List C documentation.

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

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

Section 2: Employer Review and Verification

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

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

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

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

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

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

List A documentation shows both identity and employment authorization.

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

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

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

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

Photocopies

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

Step 2: Enter additional information, if necessary.

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

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

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

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

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

Step 4: Complete the employer certification.

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

Reverification and Rehire

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

Reverifications

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

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

You should not reverify the employment authorization of U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551) or other employment authorization documentation that is not subject to reverification (such as an unrestricted Social Security card). Reverification does not apply to List B documentation. Reverification may not apply to certain aliens. See the M-274 for more information about when reverification may not be required.

Rehires

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

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

Employee and Employer Instructions Related E-Verify

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

For employees of employers who participate in E-Verify:

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

For E-Verify employers:

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

USCIS Forms and Information

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

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

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

Retaining Completed Forms I-9

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

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

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

Penalties

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

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

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

DHS Privacy Notice

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

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

DISCLOSURE: The information employees provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. USCIS does not store Form I-9 data obtained from external employers or retrieve the information by a personal identifier. DHS may share the information you provide on this form and any additional requested evidence with authorized organizations. DHS follows approved routine uses described in the associated published system of records notice [DHS/USCIS-011 E-Verify, June 18, 2019, 84 FR 28326] and the privacy impact assessments [DHS/USCIS/PIA-036(b) Form I-9 Employment Eligibility Verification Update]. A complete list of the routine uses can be found in the system of records notice associated with this form at **http://www.dhs.gov/system-records-notices-sorns**. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 34 minutes per response, when completing the form manually, and 25 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop Number 2140, Camp Springs, MD 20588-0009; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**