Work Study Program

Work Study Paperwork Checklist

All forms must be **signed and dated**

- Student Employment Offer (SEO) form
- W-4 form
- Confidentiality Agreement
- Work’s Compensation forms (2 forms)
- Direct Deposit Agreement (required)

If you have any questions about Work Study paperwork, please see Student Financial Services in Hamilton Hall Room 270 for assistance

Bring **ONE** of the following sets of identification

Set 1: U.S. Passport (cannot be expired)
  or
Set 2: Picture ID and Social Security Card
  or
Set 3: Picture ID and Birth Certificate

Students CANNOT begin Work Study until all forms are completed with accompanying forms of ID and turned into Student Financial Services
2019-2020 Student Employment Offer (SEO)
The University of the Arts
Work Study Program

I understand that this is a student employment offer and by signing this form I accept my offer of employment and agree to abide by all of
the regulations governing the student employment programs at The University of the Arts. I understand that if I violate any regulations I will
be subject to termination from this position.

(See the Student Employment Handbook: http://www.uarts.edu/studentemployment)

Phone Number: Student ID #:

Student Name: ____________________________________________________________

UArts email: _____________________________ Date of Birth: ______________________

Student Signature: __________________ Date: _________________________________

Work Study Supervisor Section

Supervisor: ________________________ Student’s Job Title: ______________________

Department: _________________________ Department #: ________________________

All positions require basic positive employment habits including but not limited to arriving for work on time, dressing appropriately, the ability
to follow directions, and satisfactory completion of assigned tasks. Supervisor, please circle the student’s skill level and requested wage
amount below. Student’s skill level and wage amount is subject to review and final approval by the Student Employment Coordinator in
Student Financial Services.

<table>
<thead>
<tr>
<th>Other</th>
<th>Skill Level 1</th>
<th>Skill Level 2</th>
<th>Skill Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No prior experience required. Some training required. Includes routine tasks such as filing, photocopying, running errands, stuffing envelopes, typing, assisting with set-ups, assisting with events, and completing other tasks under the direction of the supervisor.</td>
<td>Position requires prior experience or additional training/responsibility. Student has prior experience or has charge of an area (i.e. shop/studio monitors, tutors, tour guides, gallery assistants, computer lab, library monitors).</td>
<td>Position requires significant experience or technical expertise and extensive training and additional responsibility. Student has significant prior experience and training and supervises other students and is responsible for an area (i.e. shop, lab or gallery.)</td>
<td></td>
</tr>
<tr>
<td>$_<strong><strong>.</strong></strong>__</td>
<td>$7.25</td>
<td>$7.75</td>
<td>$8.75</td>
</tr>
</tbody>
</table>

I have accepted the above named student for employment in my department. I agree to supervise the student in accordance with all
of the regulations governing the student employment programs at The University of the Arts (see the Student Employment and Supervisor’s
Handbooks). I agree to record the hours the student works and to submit those records to the Student Employment Coordinator in Student
Financial Services.

Supervisor Signature: __________________ Date: _______________________________

STUDENT FINANCIAL SERVICES USE ONLY

Federal Work Study □ Institutional Work Study □

Entered Date ____________________ FAO Signature ________________________________

Phone: 215-717-6170 Email: finaid@uarts.edu Mail: Student Financial Services, 320 S. Broad St., Philadelphia PA 19102
Fax: 215-717-6178
**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.

**Step 1: Enter Personal Information**

<table>
<thead>
<tr>
<th>(a) First name and middle initial</th>
<th>(b) Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address

City or town, state, and ZIP code

(c) □ Single or Married filing separately □ Head of household

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.

**Step 2: Multiple Jobs or Spouse Works**

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

Do only one of the following:

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

**Step 3: Claim Dependents**

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

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 ▶ $

Add the amounts above and enter the total here ▶ $3

**Step 4 (optional): Other Adjustments**

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

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.

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

**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.)

**Employers Only**

Employer’s name and address

First date of employment

Employer identification number (EIN)

**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, when to use the online estimator, and privacy.
General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing “Exempt” on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in option (a) to roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

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

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can’t be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.

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

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 are married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.

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

   a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value on line 2a.

   b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 4 and enter this amount on line 2b.

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

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

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

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

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income.

2 Enter:
   • $24,800 if you are married filing jointly or qualifying widow(er)
   • $18,650 if you are head of household
   • $12,400 if you are single or married filing separately

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter “-0-.”

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.
Confidentiality Agreement

The University of the Arts
Work Study Program

I understand that by the virtue of my employment at The University of the Arts in the Work Study Program I may have access to verbal, written, or computerized records which contain individually identifiable information about other students.

This includes, but is not limited to, confidential information that is pertinent to students, employees, donors, clients, customers, patients, applicants and their associated records/files, financial records/budgets, and other information that if released, may be harmful to the University and or Agency/Organization and/or individual persons. I understand and agree not to divulge or publish any confidential or sensitive information obtained in the course of performing Work Study job duties, to persons inside or outside the College. However, I realize that, if directed by a University/Agency/Organization official to do so, I may be required to divulge confidential information in order to comply with governmental laws and regulations or to conduct University, Agency and or Organization business with individuals who have a right and need to know such information, or to comply with court-ordered/subpoenaed requests for information.

I agree to review and abide by any other confidentiality policies and procedures of the University and the Agency/Organization where I am placed if it is outside of the University and to abide by applicable privacy protection laws and regulations.

The disclosure of individually identifiable information is prohibited by the Family Educational Rights and Privacy Act of 1974 (FERPA).

I agree to consult my assigned supervisor for protocol regarding the proper course of action relative to the release of confidential information. I understand that failure to comply with this agreement violates The University of the Arts’ institutional policies and could constitute just cause for disciplinary action including termination of my employment and expulsion from the University regardless of whether criminal or civil penalties are imposed. Work Study Student employees may also be subject to the University’s judicial process. I understand that this agreement is valid throughout my entire term of employment with the University’s Work Study Program.

Employee Name (print) _________________________________________________________

Employee Signature ______________________________________ Date ________________
TRAVELERS INSURANCE
Workers' Compensation Physician Panel
NOTICE TO EMPLOYEES

If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prostheses, including training in their use.

In order to ensure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the designated health care providers listed below:

**CLINIC**
- **Concentra Medical Center**
  - Concentra Medical Center
  - 7000 Holstein Ave.
  - Philadelphia, PA 19153-3213
  - (215) 365-7510
  - Estimated Distance: 7.7 Miles

**CLINIC**
- **Worknet Occupational Medicine**
  - Worknet Occupational Medicine
  - Broad & Vine St.
  - Philadelphia, PA 19102-0000
  - (215) 762-8525
  - Estimated Distance: 0.9 Miles

**ORTHOEDIC SURGEON**
- **Keystone Orthopaedic & Rehab**
  - Keystone Orthopaedic & Rehab
  - 227 North Broad St Ste 300
  - Philadelphia, PA 19107-1511
  - (215) 988-0611
  - Estimated Distance: 0.8 Miles

**ORTHOPEDIC SURGEON**
- **Harding, Susan, MD**
  - Harding, Susan, MD
  - 216-220 North Broad St.
  - Philadelphia, PA 19102-0000
  - (215) 762-2663
  - Estimated Distance: 1.0 Miles

**PHYSICAL THERAPIST**
- **Novacare Rehab**
  - Novacare Rehab
  - 224 South Broad St.
  - Philadelphia, PA 19102-3816
  - (215) 985-9390
  - Estimated Distance: 0.2 Miles

**HOSPITAL/EMERG.ROOM**
- **Jefferson University Hospital**
  - Jefferson University Hospital
  - 111 South 11th Street
  - Philadelphia, PA 19107
  - (215) 955-6000
  - Estimated Distance: 0.6 Miles

You must continue to visit one of these health care providers listed above, if you need treatment, for ninety (90) days from the date of your first visit.

After this ninety (90) day period, if you still need treatment and your employer has provided a list as set forth above, you may choose to go to another health care provider. You MUST notify your employer of this action within five (5) days of your visit to the health care providers of your choice.

Your bills will be considered IF: your health care provider files written reports on a form prescribed by the Department (these reports must be filed within ten (10) days of commencing treatment and at least once a month thereafter, as long as treatment continues).

If one of the health care providers listed above refers you to another health care provider, your employer or its insured will pay the bill for these services provided they are reasonable and necessary.

If you are faced with a medical emergency, you may secure assistance from a hospital or health care provider of your choice.

If you have any questions, please contact: Human Resources Department via email (hr@uarts.edu) or phone (215-717-6365).
The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer’s insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee’s own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee’s own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee’s rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee’s written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee’s own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.
Pennsylvania Workers’ Compensation Information

To all employees:

The workers’ compensation law in Pennsylvania provides wage loss and medical benefits to employees who cannot work, or who need medical care, because of a work-related injury.

Benefits are required to be paid by your employer when self-insured, or through insurance provided by your employer. Your employer is required to post the name of the company responsible for paying workers compensation benefits at its primary place of business and at its sites of employment in a prominent and easily accessible place, including, without limitation, areas used for treatment of injured employees or for the administration of first aid.

You should report immediately any injury or work-related illness to your employer. Your benefits could be delayed or denied if you do not notify your employer immediately.

If your claim is denied by your employer, you have the right to request a hearing before a workers’ compensation judge.

The Bureau of Workers’ Compensation cannot provide legal advice. However, you may contact the Bureau of Workers’ Compensation for additional general information at:

Bureau of Workers’ Compensation  
1171 South Cameron Street, Room 103  
Harrisburg, PA 17104-2501  
Telephone number within Pennsylvania: 800-482-2383  
Telephone number outside of this Commonwealth: 717-772-4447  
TTY- 800-362-4228 (for hearing and speech impaired only)  
www.state.pa.us, PA Keyword: workers comp.

I, ____________________________________________________________, employee of ____________________________________________ (employer), certify that I received, read, and understood the information provided above on my date of hire ______________ (date).

If applicable:

I, ____________________________________________________________, employee of ____________________________________________ (employer), certify that I received, read, and understood the above information on ___________ (the date of work-related injury or disease).

______________________________  
Signature:  
New 8/07
**NOTIFICATION TO EMPLOYEES OF THEIR RIGHTS AND DUTIES UNDER SECTION 306 (f.1)(1)(i) OF THE PA. WORKERS’ COMPENSATION ACT**

The Pennsylvania Workers’ Compensation Act requires that employees be given written notification of their rights and duties under Sec. 306 (f.1)(1)(i) of the Act if a list of designated health care providers is established by the employer. Below are your rights and duties under Sec. 306 (f.1)(1)(i) and an acknowledgment signature line. This acknowledgment, signed by you, is to be returned to your employer.

A brief summary: You have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that your employer is not liable for the medical bills incurred.

As an employee of the Commonwealth working at a location where a list of designated health care providers has been established and posted, you have:

- The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.

- The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.

- The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.

- The right, during this 90-day period, to switch from one designated health care provider to another designated provider.

- The right to seek treatment from a provider if you are referred to that provider by a designated provider.

- The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider.

- The right to seek treatment or medical consultation from a non designated provider during the 90-day period, but the services shall be at your expense for the applicable 90 days.

- The right to seek treatment from any health care provider after the 90-day period has ended.

- The duty to notify your employer of treatment by a non designated provider (after the 90 day period) within 5 days of the first visit to that provider. The employer may not be required to pay for treatment rendered by a non designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under Sec. 306 (f.1)(1)(i) and that I understand them to the extent that they are explained above.

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Employee Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

**See reverse for a complete text of Section 306 (f.1)(1)(i)**

If you have any questions, ask your human resources office representative or call The Bureau of Workers’ Compensation at 1-800-482-2383
Authorization Agreement:
I hereby authorize the University of the Arts to initiate automatic deposits to my account(s) listed at the financial institution named below. I also authorize the University of the Arts to make withdrawals from this account(s) in the event a credit entry is made in error.

Further, I agree not to hold the University of the Arts responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution as well as for any error made by my financial institution while depositing funds or performing other transactions to my account.

This agreement will remain in effect until the University of the Arts receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Student Financial Services.

I understand that the University is obligated to deposit my funds on each published pay date only and is not responsible for posting variances of my financial institutions. I understand that it will take at least TWO payroll cycles before my direct deposit is confirmed and this may vary depending upon time of form submission and payroll cycle. This means that I will receive one live payroll check after submitting this form and the following paychecks will be directly deposited until I cancel the option.

Bank Account Information (complete ALL fields):

Student’s Full Name: ___________________________ Student ID# __________________

Name of Your Bank: ____________________________

Routing Number (9 Digits): _______________________

Account Number: ______________________________

Amount to Deposit: FULL CHECK

Checking ☐ Savings ☐

Signature: ___________________________ Date: __________________________
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>Driver's license or ID card issued by a State or ou{}</td>
<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>State or ou{}lying possession of the United States, p{}</td>
<td>(2)</td>
<td>VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(3)</td>
<td>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>School ID card with a photograph</td>
<td>2.</td>
<td>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5.</td>
<td>Voter's registration card</td>
<td>3.</td>
<td>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td></td>
<td>a. Foreign passport; and</td>
<td>6.</td>
<td>U.S. Military card or draft record</td>
<td>4.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td></td>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7.</td>
<td>Military dependent's ID card</td>
<td>5.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td></td>
<td>(1) The same name as the passport; and</td>
<td>8.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
<td>6.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
<td>7.</td>
<td>Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>6.</td>
<td>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</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>10.</td>
<td>School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12.</td>
<td>Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.