



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**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	
<p><b>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.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					
<p><b>Certification:</b> 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.</p>					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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*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 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		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 07/31/2026

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**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 ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	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) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	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) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	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) ( <i>mm/dd/yyyy</i> )
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented 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 ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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# 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.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> 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.)		

**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](http://www.irs.gov/W4App).

**Step 2:** 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.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total 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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

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

\_\_\_\_\_  
**Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**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](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**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](http://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.

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 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 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 (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 2024 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.

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 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 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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 Part II of Schedule 1 (Form 1040)). 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

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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



## Employee Affirmative Action and Demographic Data Form

Government agencies provide state and federal periodic reports about the state workforce for equal opportunity and affirmative action efforts. **The demographic information from this form also helps us make better decisions about how we increase representation of underrepresented groups and make our workforce more diverse and inclusive.**

Providing any of this information is voluntary, and information will be kept confidential to the extent possible. **Information provided on this form may be subject to disclosure under the Public Records Act (RCW 42.56).**

<b>Name (Last, First, Middle Initial)</b>		<b>EWU ID Number</b>	<b>Date</b>
<b>Department</b>			
<i>Please see next page for definitions</i>			
<b>Date of Birth</b>	<b>Gender Identity</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-binary <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male	<b>Legal Sex</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Are you a person with a disability?</b> <i>Veterans with a service-connected disability may also meet the definition of a person with a disability. Select both if applicable.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to answer		<b>Do you identify as LGBTQ+?</b> <i>Information used to account for workforce representation.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>What race and/or ethnicity do you consider yourself? Select <u>all</u> that apply.</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic or Latino Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White			
<b>Education</b> <input type="checkbox"/> Bachelors    ___ year earned <input type="checkbox"/> PhD    ___ year earned <input type="checkbox"/> Masters    ___ year earned <input type="checkbox"/> Other    ___ year earned			
<b>Veteran and Military Spouse Information</b> – Employment preference is given to veterans. The state also provides support and assistance to military spouses in accordance with Executive Order 19-01. <i>Note: To qualify and receive veteran's preference, you may be asked to provide a record of discharge, DD214, NGB Form 22 or alternate verification of military service and a document from the U.S. Department of Veterans Affairs certifying a service-connected disability for disabled veterans.</i>			
<b>Veteran Status? Select <u>all</u> that apply.</b> Are you an Eligible Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, discharge date: _____ Are you a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No    Type of discharge: _____ Are you a Veteran w/service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Special Disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are you currently a member of the reserve component, including the National Guard?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Were you called to active duty from employment with the state? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, dates:</b> _____ to _____ and <b>Type of Discharge:</b> _____			
<b>Are you a military spouse or military registered domestic partner?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Signature</b>		<b>Date</b>	

Submit completed form to EWU's Human Resources Office – 314 Showalter Hall or [hr@ewu.edu](mailto:hr@ewu.edu)

# Employee Affirmative Action and Demographic Data Definitions

## **Person with a Disability (U.S. EEOC & ADA Amendments Act of 2008, September 2008):**

For affirmative action data reporting purposes, people with disabilities are individuals with a permanent, physical, mental or sensory impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, and communicating. A major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

The impairment must be both permanent and material rather than slight, but not necessarily require a workplace accommodation. An impairment that is episodic or in remission is still a disability if it would substantially limit a major life activity when active. The determination of whether an impairment substantially limits a major life activity shall be made without considering temporary improvements made through mitigating measures such as medication, therapy, reasonable accommodation, prosthetics, technology, equipment, or adaptive devices (but not to include ordinary eyeglasses or contact lenses).

## **Legal Sex**

The sex that an individual has identified on formal government documentation, such as birth certificate or passport. This binary option will only be used to comply with certain federal reporting requirements. *This information shall not be used by state agencies for any workforce planning or internal reporting.*

## **Gender Identity (Washington State DEI Foundational Definitions)**

A person's innermost concept of self as male, female, a blend of both or neither (gender "X" or non-binary). How individuals perceive themselves and what they call themselves. A person's gender identity can be the same or different from their sex assigned at birth.

## **Gender "X" (WA State Dept. of Health)**

Gender X is intended to be an inclusive category to recognize the real diversity of gender identity. Gender X means a gender that is not exclusively male or female.

## **LGBTQ+ (Governor's Interagency Council on Health Disparities)**

LGBTQ+ is an abbreviation for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. The + allows space for other diverse sexual orientation, gender identity, and gender expression groups.

## **Race and Culture (US Census Bureau, Race & Ethnicity, January 2017)**

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original people of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**Black or African American:** A person having origins in any of the Black racial groups of Africa.

**Hispanic or Latino/a/x:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## **Veterans (Title 38 U.S.C., Executive Order 19-01)**

**Eligible Veteran, 38 U.S.C. 4211 (4):** (1) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than dishonorable discharge; (2) was discharged or released from active duty because of a service-connected disability; (3) as a member of a reserve component served on active duty during a period of war or in a campaign or expedition for which a campaign badge is authorized and was discharged or released from such duty with other than dishonorable discharge; or (4) discharged or released from active duty by reason of a sole survivorship discharge as defined in section 1174(i) of title 10.

**Discharge Date:** The most recent discharge date from active military service in any branch of the armed forces, as indicated on the employee's Certificate of Release or Discharge from Active Duty form DD214 or similar discharge paperwork.

**Vietnam Era Veteran, 38 U.S.C. 4211 (2) (4):** A veteran of the U.S. military, ground, naval or air service, any part of whose service was during the period August 5, 1964 through May 7, 1975, who served on active duty for a period of more than 180 days and was discharged or released with other than a dishonorable discharge, or was discharged or released from active duty because of a service-connected disability. Includes any veteran of the U.S. military, ground, naval or air service who served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

**Disabled Veteran, 38 U.S.C. 4211 (3):** A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs or a person who was discharged or released from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

**Special Disabled Veteran:** A veteran who is entitled to compensation under laws administered by the Department of Veteran Affairs for:

- a disability rated at 30 percent or more; or
- a disability rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
- a discharge or release from active duty because of a service-connected disability.

This includes veterans who would be entitled to disability compensation if they were not receiving military retirement pay instead.

**Reserve Component, 38 U.S.C. 101 (7):** Includes Army Reserve, Navy Reserve, Marine Corps Reserve, Air Force Reserve, Army National Guard of the United States, and Air National Guard of the United States.

**Military Spouse or Registered Domestic Partner, Washington State Executive Order 19-01:** A person currently or previously married to a military service member during the service member's time of active, reserve, or National Guard duty.



**Benefits Office**  
318 Showalter Hall  
Cheney, WA 99004-2445

Cheney • Spokane

**STATEMENT OF PERSONAL INELIGIBILITY  
FOR MEMBERSHIP IN THE  
WASHINGTON PUBLIC EMPLOYEES' RETIREMENT SYSTEM**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**1. Have you ever been a member of a Washington State Retirement System:**

Yes  No  Do not know

**2. Have you ever retired from one of the above Washington State Retirement Systems?**

Yes  No  If yes, please indicate the name of agency \_\_\_\_\_

I certify that I am enrolled as a full-time student (10 or more credits), and that my employment is incidental to my education as a student at Eastern Washington University. I elect to waive membership in the Public Employees Retirement System [PERS].

I also understand that I may later become a member of the PERS Retirement System if conditions change (i.e., I am hired into a PERS eligible position) and I decide that employment is no longer in furtherance of my education. However, my service credit shall be based only on service rendered after I begin participation in PERS.

In the event that I cease to be a full-time student, I agree to notify the Benefits Office immediately because my continued employment at Eastern Washington University may include membership in the Public Employees Retirement System. The Benefits Office is located in Showalter Hall, Room 318.

I have read and understood the provisions of WAC 415-108-520 printed on the following page of this statement.

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

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**WAC 415-108-520 Membership exceptions -- Student and spouse of student.**

(1) A person employed by a Washington state institution of higher education or community college (employer), who is employed at such institution or college primarily for the purpose of furthering her/his education or the education of the person's spouse, is excepted from membership in PERS when:

- (a) The person is a full-time student or the spouse of a full-time student; and
- (b) The person is employed at the same institution where she/he is a full-time student or where the person's spouse is a full-time student; and
- (c) The person determines her/his employment is primarily an incident to and in furtherance of her/his education or training, or the education or training of the person's spouse.

(2) For purposes of this section, RCW 41.40.023(7) shall be administered as follows:

- (a) When a person begins employment in a PERS eligible position, a determination shall be made by the person as to whether the provisions of this section apply. If this section applies to the person, she/he shall determine her/his membership status as either being excepted from membership in PERS, or being a member of PERS, based upon whether employment at the institution of higher education or community college is primarily as an incident to and in furtherance of her/his education or training, or the education or training of the person's spouse. The person shall notify the employer in writing of her/his determination of membership status no later than two months after commencing employment in a PERS eligible position. Based upon the provisions herein and the written notification of status, the person shall either be excepted from membership in PERS or become a member of PERS. In the event that no written notification of status is provided to the employer, based upon the provisions of this section, the employer shall make the presumption:
  - (i) That the person shall remain a member of PERS where the person is employed in a PERS eligible position and is a member of PERS at the time the person, or his or her spouse, becomes a full-time student; (ii) That the person shall be excepted from PERS membership where the person or the person's spouse is a full-time student at the time of becoming employed in a PERS eligible position.

- (b) A person employed in a PERS eligible position at the time of becoming a full-time student or becoming the spouse of a full-time student, shall remain a member of PERS; except, at the time of becoming a full-time student or becoming the spouse of a full-time student, the person may elect to waive her/his membership in PERS, based upon the provisions of this section excepting membership. The person must provide written notification of the waiver to the employer. If the person elects to waive membership in PERS, she/he cannot later elect membership in PERS unless there is a change of status of the person or of the person's spouse, as set forth below, and the employer has received written notification from the person of the change of status.

- (c) A person who is a full-time student or who is the spouse of a full-time student at the time of becoming employed in a PERS eligible position, shall not be eligible for membership in PERS; except, at the time of becoming employed in a PERS eligible position, the person may elect to become a member of PERS, based upon the person's determination that the provisions of this section excepting membership do not apply. The person must provide written notification of the election to be a member of PERS to the employer. If the person elects to become a member of PERS, she/he cannot later waive PERS membership unless there is a change of status of the person or of the person's spouse, as set forth below, and the employer has received written notification from the person of the change of status.

- (d) For purposes of this section, status is defined as:

- (i) Student status - is full-time student, part-time student or nonstudent. Part-time student and nonstudent status do not meet the threshold for exception from PERS; only full-time student status meets the threshold;
- (ii) Employment status - is employment in a PERS eligible position, employment in a PERS ineligible position, or unemployment. Unemployment refers to termination of employment from a Washington state institution of higher education or community college employer;
- (iii) Marital status - is single, married, widowed or divorced.

(3) The department shall rely upon the institutions of higher education and community college employers to:

- (a) Notify each person, at the time of hire, of the provisions of this section;
- (b) Request all written notifications from persons electing membership or waiving membership under this section;
- (c) Retain and make available to the department upon request, all written notifications electing membership or waiving membership on a sixty-four year record retention schedule.

(4) It is recommended, but not required, that no less than annually employers provide notice that employees are required to notify the employer of any change in status as set forth in this section.

[Statutory Authority: RCW 41.50.050. 99-14-008, § 415-108-520, filed 6/24/99, effective 7/25/99; 91-21-083, § 415-108-520, filed 10/18/91, effective 12/31/91.]

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All employees (including students) of Eastern Washington University (EWU) must comply with health and safety procedures and regulations. Supervisors and Environmental Health and Safety (EH&S) will provide safety training prior to any employee engaging in tasks that may pose a potential hazard. This safety form must be filled out for all part-time, temporary and student employees. Instructions for filling out the form are at the bottom of this page; the form itself is on page 2. (Supervisor training regarding occupational health and safety regulations is offered by EH&S monthly.)

1. It is the responsibility of the supervisor to evaluate the duties of employee to ensure that the employee is competent to perform assigned tasks safely. EH&S is available to explain the scope and content of applicable laws, and safety programs that could assist in assigning appropriate tasks to the employee.
2. At no time will the employee be assigned duties that require specialized certifications, licensing or training (electrical, gas etc.) unless they have such certifications, licensing or training. Depending on assigned tasks, additional training may be required (respirator protection, fall protection, electrical safety, hazard communication, etc.). Contact EH&S for required classes.
3. Employees must be informed of any recognized hazards in their workplace. It is the responsibility of supervisors to provide adequate health and safety orientation training related to standard operating procedures, hazards, and personal protective equipment. When applicable, hepatitis shots and pre-employment physicals may be required. Contact EH&S for additional information.
4. Employees shall practice and observe all safety rules with special attention to the safety devices on equipment provided for their own protection. Employees shall use safety devices as required, and shall exercise proper care and treatment of such devices. **There shall be no alterations of safety devices and/or operational procedures.**
5. Injuries or accidents, no matter how slight, must be reported to EH&S within 24 hours. Supervisors are required to ensure an incident report is submitted for each incident and must fill out a corresponding incident investigation. Incident report forms may be submitted online on the EH&S website: [sites.ewu.edu/ehs/incident-reporting](http://sites.ewu.edu/ehs/incident-reporting) or paper copies can be downloaded from the forms section of the

EH&S website: [sites.ewu.edu/ehs/forms](http://sites.ewu.edu/ehs/forms). (When using the online form, links to the incident investigation are emailed to supervisors when the incident report is submitted.)

**In the case of a severe injury or death of an EWU employee, EH&S must be notified immediately (359-6455 or 559-2031).**


If you have questions concerning employee safety or training requirements, contact EH&S at 359-6496.

**(NOTE: Please send this completed form to EH&S, 002 Martin Hall; Fax # 359-4690; or email [envhea@ewu.edu](mailto:envhea@ewu.edu))**

## Filling Out the Form

The top 6 sections are required for all employees. Training must be given and all boxes should be checked.

Train on special topics as necessary. Only check off boxes next to trainings given.

 **Part-time/Temporary and Student Employees  
Health and Safety Orientation**  
Environmental Health & Safety

EMPLOYEE NAME: \_\_\_\_\_  
Last First Initial

Department \_\_\_\_\_ Position (Job Title) \_\_\_\_\_

As required by the Washington Industrial Safety and Health Act (WISHA), an employee health and safety orientation briefing was given to the above named employee. The following topics were covered:

- How and when to report incidents, occupational injuries and illnesses. This must include the location of the first-aid facilities, names of personnel with first-aid training, and employee rights and industrial insurance coverage.
- How to report unsafe conditions and practices.
- Proper action to take in the event of emergencies, including building routes of exit, location of fire alarm pull stations, locations of fire extinguishers, bomb threat procedures, earthquake procedures and power outage procedures.
- Hazardous chemical information and location of Safety Data Sheets or SDS (formerly Material Safety Data Sheets or MSDS).
- Location of the nearest Safety Bulletin Board, Building Emergency Contact Numbers, and Name of building safety representative and/or safety committee.
- An on-the-job review of safe work practices and procedures to safely perform job assignments.
- Special Training Topics:
  - Laboratory Safety and Chemical Hygiene Plan\*
  - Hazardous Communication "HAZCOM" (Conducted by EH&S)
  - Blood-borne Pathogen Control (Cleanup training will be conducted by EH&S)
  - Confined Space Entry (Training Conducted by EH&S)
  - Body Mechanics, Ergonomics, and Lifting Safety\*
  - Lockout/Tag-out (Training Conducted by EH&S)
  - Vehicle and Driver Safety
  - Fall Protection (Conducted by EH&S) and Ladder Safety\*
  - Hearing Conservation and Noise Control (Conducted by EH&S)
  - Electrical Safety (Conducted by EH&S)
  - Asbestos and Lead Awareness (Conducted by EH&S)

\* Denoted training that can be conducted by EH&S.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Supervisor (Print Name) \_\_\_\_\_ Employee (Print Name) \_\_\_\_\_

Please forward this record to Environmental Health & Safety, 002 Martin Hall or email to [envhea@ewu.edu](mailto:envhea@ewu.edu).  
For additional information and training assistance, please call EH&S, 359-6496.

Form Revision 3 Page 2 of 2 Origin Date: 9/20/2010 Revision Date: 8/23/2017





**Part-time, Temporary and Student Employees  
Health and Safety Orientation**  
Environmental Health & Safety

Employee Name: \_\_\_\_\_  
Last First Initial Student ID #

Department \_\_\_\_\_ Position (Job Title) \_\_\_\_\_

As required by the Washington Industrial Safety and Health Act (WISHA), an employee health and safety orientation briefing was given to the above named employee. The following topics were covered:

- How and when to report incidents, occupational injuries and illnesses. This must include the location of the first-aid facilities, names of personnel with first-aid training, and employee rights and industrial insurance coverage.
  - How to report unsafe conditions and practices.
  - Proper action to take in the event of emergencies, including building routes of exit, location of fire alarm pull stations, locations of fire extinguishers, bomb threat procedures, earthquake procedures and power outage procedures.
  - Hazardous chemical information and location of Safety Data Sheets or SDS (formerly Material Safety Data Sheets or MSDS).
  - Location of the nearest Safety Bulletin Board, Building Emergency Contact Numbers, and Name of building safety representative and/or safety committee.
  - An on-the-job review of safe work practices and procedures to safely perform job assignments.
  - Special Training Topics:
    - Laboratory Safety and Chemical Hygiene Plan\*
    - Hazardous Communication "HAZCOM" (Conducted by EH&S)
    - Blood-borne Pathogen Control (Cleanup training will be conducted by EH&S)
    - Confined Space Entry (Training Conducted by EH&S)
    - Body Mechanics, Ergonomics, and Lifting Safety\*
    - Lockout/Tag-out (Training Conducted by EH&S)
    - Vehicle and Driver Safety
    - Fall Protection (Conducted by EH&S) and Ladder Safety\*
    - Hearing Conservation and Noise Control (Conducted by EH&S)
    - Electrical Safety (Conducted by EH&S)
    - Asbestos and Lead Awareness (Conducted by EH&S)
- \* Denoted training that *can be* conducted by EH&S.

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Supervisor (Print Name) \_\_\_\_\_ Employee (Print Name) \_\_\_\_\_

**Please forward this record to Environmental Health & Safety, 002 Martin Hall or email to [envhea@ewu.edu](mailto:envhea@ewu.edu).**

For additional information and training assistance, please call EH&S, 359-6496.



**REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)**

- \$32 Fee — Conviction Criminal History Record Information Based on Name and Date of Birth**
  - For an \$11 fee and an immediate response using a credit card, access our web site listed above.
- \$58 Fee — Conviction Criminal History Record Information Based on Fingerprints**
  - A full set of fingerprints on a fingerprint card is required for processing.
- \$10 Fee per Notary Seal — Notary Letter(s) in Addition to Criminal History Record Check**
  - Requesting \_\_\_\_\_ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

**SUBJECT INFORMATION: (Please type or print clearly)**

Applicant's Name \_\_\_\_\_  
Last First Middle

Alias/Maiden Name/Other Names Used \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month/Day/Year

**REQUESTOR INFORMATION: (Please type or print clearly)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City State ZIP Code

Contact Phone Number \_\_\_\_\_

**How would you like to receive your results? (Please select only one)**

- Mailed (It may take 7 to 14 business days for response, when mailed.)
- WSP Portal\*

Portal Account # \_\_\_\_\_

Portal Username \_\_\_\_\_

\*For results to be sent through WSP Portal requestor must have pre-existing WSP Portal account. To inquire on establishing an account contact us at [CRDapplicantfollowup@wsp.wa.gov](mailto:CRDapplicantfollowup@wsp.wa.gov)

\* Background checks with notary letters will be mailed to the requestor.



# Conviction/Criminal History Information Form

Eastern Washington University is required by RCW 43.43.830 *et. seq.* to conduct criminal background checks of prospective employees or volunteers who may have unsupervised access to children under sixteen years of age or developmentally disabled persons or vulnerable adults during the course of their employment or involvement with the business or organization. As part of these background checks the University is required to ask whether the applicants/volunteers have been convicted of any crimes and/or been found to have engaged in domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or a vulnerable adult in a civil adjudication proceeding. A criminal conviction does not necessarily disqualify an applicant from employment.

1. Last Name: \_\_\_\_\_, First Name: \_\_\_\_\_, Middle Initial: \_\_\_\_\_

2. Have you used other names? **Yes No** (circle one)

If so, please list

3. Have you been convicted of any crimes? **Yes No** (circle one)

4. If so, please list conviction(s), date of conviction(s), location of crime(s), sentence(s) or penalty(ies) imposed, prison release date, and current standing (e.g. parole, work release).

5. As a result of a civil adjudication proceeding, including a judicial or administrative adjudicative proceeding, have you been found to have engaged in domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW?

**Yes No** (circle one)

6. If so, please list the specific finding(s), date of incident(s), location of incident(s), the name of the court(s) or administrative agency(ies) rendering the finding, include any findings that resulted from judicial or administrative orders that became final due to your failure to timely exercise a right to challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or the rules adopted under chapters 18.51 and 74.42 RCW

Under penalty of perjury, I certify that the above-stated information is true, correct, and complete. I understand that Eastern Washington University may verify this information through the Washington State Patrol or through a federal law enforcement agency. I also understand that any job offer or opportunity to volunteer with the University may be conditioned on the University's receipt of a satisfactory Criminal Conviction Report from the Washington State Patrol or a federal law enforcement agency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



WA Cares information for new employees:

The [WA Cares Fund](https://wacaresfund.wa.gov/) <https://wacaresfund.wa.gov/> is a new program that gives working Washingtonians access to long-term care (LTC) coverage when they need it. Contributions to the program begin July 1, 2023. This program is administered by the Employment Security Department ESD so please follow the link above to go to the WA Cares Fund website for information on this program.

**IMPORTANT NOTE:** Long Term Care (LTC) and Long-Term Disability (LTD) are different insurance types. LTC requires a mandatory deduction unless you qualify, apply to ESD through [secureaccess.wa.gov](https://secureaccess.wa.gov), and submit an approved exemption letter to EWU Payroll. The EWU Benefits Office can give information on LTD insurance.

While almost all Washington workers will contribute to WA Cares, several types of [exemptions](https://wacaresfund.wa.gov/how-it-works/exemptions) <https://wacaresfund.wa.gov/how-it-works/exemptions> exist:

- **Veterans with a 70% or higher service-connected disability can apply for a permanent exemption.** Applications for this type of exemption became available January 1, 2022 and are available on an ongoing basis.
- **Some workers can apply for a conditional exemption.** If you **live out of state**, are a temporary worker with a **non-immigrant visa**, or are a **spouse/registered domestic partner of an active-duty service member of the U.S. armed forces**, you can apply for an exemption. Applications for these exemptions became available January 1, 2022 and are available on an ongoing basis. You will qualify for these exemptions only as long as these circumstances apply, and you **must notify** your employer (EWU Payroll) and the Employment Security Department (ESD) within 90 days if you no longer qualify. Common examples of nonimmigrant visas are H-1B, F-1, J-1 among others.
- **Workers who had private long-term care insurance before November 1, 2021 were able to apply for a permanent exemption until December 31, 2022.** The timeframe for applying for this type of exemption has closed. If you have an approved private insurance exemption, you will continue to be exempt permanently and (under current law) are not able to re-enroll in the program. **If you already have an approved exemption, make sure your employer (EWU Payroll) has your letter on file.** If you can't find your exemption letter, you can download a copy from the [Secure Access Washington account](#) you used to apply for the exemption.

If you're applying for an exemption, plan ahead! Make sure to submit your exemption application to ESD and, if approved, provide your exemption letter to EWU payroll as soon as possible to ensure premiums aren't deducted from your paycheck. It is your responsibility to **provide your letter to EWU Payroll** and refunds will not be available if you don't submit your letter in time.

To submit your exemption letter to Payroll, please email your letter to [payroll@ewu.edu](mailto:payroll@ewu.edu)



Sign up for Direct Deposit to receive your employee pay:

- Self-Serve Direct Deposit setup is available for employees and students to set up or change their direct deposit on EagleNet. Log into EagleNet and select: Employee/Pay Information/Direct Deposit Allocation. A tutorial is available on the Payroll website by going to Frequently Asked Questions and selecting “What are my options for pay distribution?” [Payroll Frequently Asked Questions](#)
- Note that whenever any **EWU office** or **you** change or add an email address or direct deposit, you will receive an email from EWU stating there was a change to your record.
- Not all banks are set up in our system. If you receive an error message after entering your bank routing number that states: “An invalid routing number was entered”, verify that you entered the correct routing number and if so, email [payroll@ewu.edu](mailto:payroll@ewu.edu) and request that we set up your bank in our system so you can enter your direct deposit information. We only need your **bank name** and **routing number** to set up your bank. **Never** email your bank account number as email is not secure.
- After entering your direct deposit information, your bank account will show that it is in “Prenote” status. You will receive a **check** on this Prenote cycle (the first payroll after entering your direct deposit). Once the accounts validate with the bank, your direct deposit will flip to “Active” for all future payrolls. Checks are mailed to your current mailing address in our system.



## You might be eligible for the Public Service Loan Forgiveness (PSLF) Program

Dear Colleague:

Welcome to **Eastern Washington University**. As you may know, working for our agency means you can join a federal program that could forgive your federal student loans. That's because the U.S. Department of Education (ED) considers us a qualifying employer for the Public Service Loan Forgiveness (PSLF) program. Through this program, ED can forgive your student loan debt after 10 years of making payments on your federal student loans while working for a state agency or other qualifying public sector employer (<https://studentaid.gov/pslf/employer-search>).

If you haven't signed up for PSLF yet, you still can. One important step is working with our agency's PSLF contact each year to submit a PSLF form. Although the path to loan forgiveness can seem complicated, you could save thousands on your student loans.

To qualify for PSLF, you must:



**Have Federal Direct loans.** This includes Direct Subsidized, Direct Unsubsidized, Direct Consolidation, and Direct Grad PLUS loans. If you have Perkins or FFEL loans, you must consolidate them into a Direct Consolidation loan. If you have Direct Parent PLUS loans, you may also need to consolidate. **If you consolidate between now and April 30, 2024, you will not lose PSLF qualifying payment credit due to the IDR Account Adjustment**

- **Time-sensitive tip:** Certain periods you spent in forbearance, deferment or non-qualifying repayment plans may count towards PSLF due to the IDR Account Adjustment. **Action MAY be needed before April 30, 2024, for you to benefit.** Visit the payment adjustment page to learn more (<https://studentaid.gov/announcements-events/idr-account-adjustment>).



**Work full time for one or more public employers.** ED defines "full time" as working an average of 30 hours per week. This includes multiple part-time public jobs where your combined work averages 30 hours per week. If you are part-time faculty at an institution of higher education, HR will multiply your in-class teaching hours by 3.35 to calculate your hours worked.



**Enroll in an Income-Driven Repayment (IDR) Plan.** These include Income-Based Repayment (IBR), Pay As You Earn (PAYE), Saving on A Valuable Education (SAVE, previously REPAYE) and Income-Contingent Repayment (ICR). Payments made on the 10-year Standard Repayment plan are also eligible for the PSLF program.



**Make 120 qualifying payments.** Your payments do not need to be consecutive. However, you must be employed full time for a public employer at the time you apply for PSLF, and during the month you make a payment for that payment to qualify. **After you make 120 qualifying payments and apply for PSLF, ED will forgive your remaining loan balance. Student loan amounts forgiven under PSLF are not considered income for tax purposes.**

Check out these resources on the Student Loan Advocate's PSLF page to help you get started (<https://wsac.wa.gov/PSLF>):

✓ Quick PSLF Fact Sheet

✓ Steps to Apply for PSLF

✓ PSLF Frequently Asked Questions (FAQs)

Have questions or need help? Submit a question to the Washington Student Loan Advocate:  
<https://www.studentcomplaints.wa.gov>

## **Certify your employment for Public Service Loan Forgiveness (PSLF) Program — or you can opt out of the PSLF Employment Certification Program**

**To complete a Public Service Loan Forgiveness (PSLF) form and submit an employment certification request to our agency’s PSLF contact,** please use the PSLF Help Tool (<https://studentaid.gov/pslf/>). For your convenience, our agency’s information is listed below:

Employer Identification Number (EIN): **91-600064**  
PSLF contact email: **hr@ewu.edu**

**If you have worked for multiple qualifying employers, you need to submit a separate PSLF form for each employer. If you have worked for one qualifying employer but had a break in service, you will need to submit a separate PSLF form for each period of employment.** You may use the PSLF Washington state agency directory to identify the correct EIN and email address for other qualifying Washington state agencies, including public higher education institutions ([https://ofm.wa.gov/PSLF\\_Directory](https://ofm.wa.gov/PSLF_Directory)).

Once our agency’s PSLF contact has digitally signed (via DocuSign) your forms through the PSLF Help Tool, our contact will submit it directly to the PSLF servicer (MOHELA) for processing. It may take up to 90 business days for MOHELA to process these forms. You can check the status of your PSLF form on MOHELA’s PSLF Form Status page (<https://www.mohela.com/DL/secure/borrower/PSLF/PSLFInformation.aspx#FormStatus>). If MOHELA is not your current servicer, submitting a PSLF form will initiate a loan transfer from your current servicer to MOHELA. Loan transfers may take an additional 90 business days.

**Remember to apply for PSLF before you leave public service, or you will lose eligibility. To ensure you’re on the right track, you should certify your employment annually and when you change employers.** That way, you can keep track of your progress and be sure your payments count. If MOHELA is your current servicer, you may create a MOHELA account to check on your qualifying payment count using their PSLF Payment Tracker tool (<https://www.mohela.com/DL/secure/borrower/PSLF/PSLFTracker.aspx>).

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**Opt out of the PSLF Employment Certification Program:**

You are not required to participate in the PSLF program. However, we are required to give you information about the program, regardless of if you opt out of the employment certification process.

If you do not opt out of this process, you may receive a manual PSLF form with the employer sections completed for you to submit to MOHELA, either on an annual basis (if you have previously requested PSLF employment certification) and/or within 60 days of separation of employment, as required by RCW 41.04.045 (<https://app.leg.wa.gov/RCW/default.aspx?cite=41.04.045>).

**Optional step:** You may sign and date this form and return it to the PSLF contact email address listed above to opt out of the PSLF employment certification process. If you choose to do this, you may opt back in at any time by submitting a PSLF form to our agency’s PSLF contact.

**I would like to opt out of the PSLF Employment Certification Program.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Timesheet Information

- Only enter actual hours worked; falsifying a timesheet is grounds for termination
- Pay periods are the 1<sup>st</sup> – 15<sup>th</sup> and the 16<sup>th</sup> – end of the month
- Timesheets must be submitted and approved by the “Web Timesheet Deadline” (see below)
- Timesheets must be approved by the timesheet approver

## Logging Worked Hours

- Go to <https://inside.ewu.edu/>
- Click on the “Employees” tab at the top right of the screen, a drop down menu will be displayed
- Click on “Timesheets for Staff and Students” under the “Employment” section located in the left column of the page.
- Log in with your EWU Net ID and password; if you do not know your EWU Net ID and/or password, follow the instructions on the sign-on page to obtain or reset it.
- Select “Timesheet” (you will see Employee Dashboard /Timesheet), the pay period dates will appear.
- Then select “Start Timesheet” for the current pay period.
  - If you have more than one on-campus position, you will need to select the position that you are entering hours for according to the title, department, budget number, or position number.
  - Please note that although you may only hold one position, there can be more than one timesheet due to different budget numbers specified by your supervisor. In this case, please contact your supervisor to verify which hours to log on which timesheet.
- In your timesheet, you will be able to view your Title and Number, Department and Number, Time Sheet Period, and Submit By date. Please verify that these are correct before entering your timesheet.
- Select the day of the week on the calendar you want to add hours to, then select the start time that pops up. You must select the clock in the right-hand corner and scroll with your mouse or arrows on your keyboard to the time of the day and for am/pm to enter the hours worked on the specific date. Then select “set” and move to the leave time.
  - Remember to exclude lunch breaks (required when working over 5 hours in a shift).
    - Select “+ Add More Time” to add hours when taking a lunch break.
  - Shifts should be entered at intervals of 15 minutes in the 00:00 format (i.e. 10:00, 10:15, 10:30, 10:45.)
  - Click the “Save” button before you leave the page or submit your timesheet.

1/01/2020 - 11/15/2020 | 27.00 Hours | Pending | Submitted On 11/10/2020, 02:53 PM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 6.00 Hours	2 2.00 Hours	3 2.00 Hours		5 2.50 Hours	6 3.00 Hours	7

Add Earn Code

Earn Code	Start Time	End Time	Hours
State Work Study	09:00 AM	12:00 PM	3.00
	01:00 PM	hh:mm a	0.00

Add More Time

it Page Cancel Save Preview

- When taking sick leave, see “Leave Balances in the top right-hand corner. To enter sick leave, go to the calendar date then select “+Add Earn Code” in the middle of the page under the calendar. Use the arrow key and select “sick leave”
- On the last day worked of the pay period, verify that the hours on the timesheet are correct and select “Preview” button in the right-hand corner.
- The “Submit” button comes up and then select to send your timesheet to your timesheet approver.
- Your timesheet should show as Pending.
- Your timesheet approver will verify that the hours reported are correct and approve your timesheet. It is then automatically routed to Payroll who will generate your pay check.
- You are unable to enter hours once the “Web Timesheet Deadline” has been reached. In this case, you will need to fill out a paper timesheet, get it approved and signed by your timesheet approver, and turned into Payroll.

## Employee Dashboard

You are now able to change your address in your profile in your Dashboard.

- Select “Employee Dashboard”
- Select “My Profile”
- Select the pen on the right-hand side of the page, the page opens to edit your profile.
- Select the portion of your profile you would like to select, by clicking your mouse on the pen “edit” next to the section you want to correct.
- You will see your “Mailing Address” and “Permanent Address”. Your check will go to your “Mailing Address”. Please make sure you select the right address to change.

# Eastern Washington University Pay Schedule

## 2024

Year	PR	No.	Pay Period	Pay Date	HRS/ PP	Web Timesheet Cutoff 3:00pm	Web Timesheet Approval 6:00AM	Days to Submit & Approve Timesheets	PR Runs	Holiday
2024	SM	1	Dec 16-31	10-Jan	80	3-Jan	4-Jan	2	5-Jan	12/25/23
2024	SM	2	Jan 1-15	25-Jan	88	17-Jan	18-Jan	2	22-Jan	1/1 & 1/15/24
2024	SM	3	Jan 16-31	9-Feb	96	2-Feb	5-Feb	2	6-Feb	
2024	SM	4	Feb 1-15	26-Feb	88	16-Feb	20-Feb	*1	21-Feb	
2024	SM	5	Feb 16-29	11-Mar	80	4-Mar	5-Mar	2	6-Mar	02/19/24
2024	SM	6	Mar 1-15	25-Mar	88	18-Mar	19-Mar	*1	20-Mar	
2024	SM	7	Mar 16-31	10-Apr	80	2-Apr	3-Apr	2	5-Apr	
2024	SM	8	Apr 1-15	25-Apr	88	17-Apr	18-Apr	2	22-Apr	
2024	SM	9	Apr 16-30	10-May	88	2-May	3-May	2	7-May	
2024	SM	10	May 1-15	24-May	88	17-May	20-May	2	21-May	
2024	SM	11	May 16-31	10-Jun	96	3-Jun	4-Jun	*1	5-Jun	05/27/24
2024	SM	12	Jun 1-15	25-Jun	80	17-Jun	18-Jun	*1	20-Jun	
2024	SM	13	Jun 16-30	10-Jul	80	2-Jul	3-Jul	2	5-Jul	06/19/24
2024	SM	14	Jul 1-15	25-Jul	88	17-Jul	18-Jul	2	22-Jul	07/04/24
2024	SM	15	Jul 16-31	9-Aug	96	2-Aug	5-Aug	2	6-Aug	
2024	SM	16	Aug 1-15	26-Aug	88	19-Aug	20-Aug	2	21-Aug	
2024	SM	17	Aug 16-31	10-Sep	88	3-Sep	4-Sep	*1	5-Sep	
2024	SM	18	Sep 1-15	25-Sep	80	17-Sep	18-Sep	2	20-Sep	09/02/24
2024	SM	19	Sep 16-30	10-Oct	88	2-Oct	3-Oct	2	7-Oct	
2024	SM	20	Oct 1-15	25-Oct	88	17-Oct	18-Oct	2	22-Oct	
2024	SM	21	Oct 16-31	8-Nov	96	1-Nov	4-Nov	*1	5-Nov	
2024	SM	22	Nov 1-15	25-Nov	88	18-Nov	19-Nov	*1	20-Nov	11/11/24
2024	SM	23	Nov 16-30	10-Dec	80	3-Dec	4-Dec	2	5-Dec	11/28 & 11/29/24
2024	SM	24	Dec 1-15	24-Dec	80	17-Dec	18-Dec	2	19-Dec	

**Please remember:**

**Best practice** is to submit your timesheet after your final shift in the pay period. **Web timesheet cutoff** is set for 3:00 PM to submit and 6:00 AM the next morning for approval, but supervisors need to let employees know that submit deadlines will be whatever time works for them to have it approved during their work schedule

**For hourly employees:** Confirm that hours reported on a holiday were actually worked.

Time worked on a **holiday** by **work study students** must be paid from a departmental index.

**\*Note the employee & supervisor have one day to submit and approve timesheets.**



# **Student Employee Handbook**

## **2023 – 2024**



**EASTERN**  
**WASHINGTON UNIVERSITY**

**Human Resources Office**  
**Eastern Washington University**  
**300 Showalter Hall**  
**Cheney, Washington 99004**  
**(509) 359-2525**

Welcome to Eastern Washington University! This Handbook, prepared by the University's Human Resources—Student Employment Office, is designed to help you understand the terms and responsibilities of your EWU student employment. Please read this handbook thoroughly and refer to it when needed. If you have questions, please contact Student Employment at 359-2525 or stop by Showalter Hall 300.

## **ROLE OF HUMAN RESOURCES-STUDENT EMPLOYMENT**

Human Resources—Student Employment provides employment resources and professional development opportunities which help students in their pursuit of educational goals. Human Resources helps facilitate hiring of student employees by campus departments and by off campus employers who provide Work Study opportunities.

## **STUDENT EMPLOYMENT OPPORTUNITIES**

### **1. Undergraduate and Graduate Students**

#### **Institutionally Funded Positions**

All students with 6 credits or more are eligible to apply for on-campus positions which are funded by the hiring department.

#### **Work Study Funded Student Employees**

- Work Study student with 6 credits or more are eligible to apply for jobs. Work Study is a program that provides the opportunity for students with financial need to earn money to help pay educational expenses and reduce loan debt while gaining valuable work experience. Work study students who receive a work study award may apply to work either on campus or off-campus at an approved work study site. If a student has received work study, it will be noted in their financial aid package in EagleNET. Work study funds are not available until the first day of an academic term. ***Students must be awarded work study by Financial Aid. Students may not apply for a work study position unless they have been awarded work study.*** Each academic year work study students **must** complete a new work study authorization form **even if working in the same department. Students will receive an authorization form from Human Resources to complete with the department. The form must be returned to Human Resources--Student Employment prior to beginning work.**

#### **Employment Start Dates/Work Time Restrictions**

- Student employees may **not** begin work before completing all necessary hiring paperwork.
- Student employees **cannot** work during scheduled class hours or finals.

#### **Eligibility for Student Employment**

Student employees must meet the enrollment eligibility requirements below to work on campus. If students drop below the required credits during any term, they must immediately stop working as a student employee.

#### **Academic Terms (Fall/Winter/ Spring):**

- Undergraduate Students must be enrolled for 6 or more credits per term.
- Graduate Students must be enrolled for 4 or more credits per term.

#### **Summer Term:**

- Undergraduate Students must be enrolled for 6 or more credits across summer terms.
- Graduate Students must be enrolled for 4 or more credits across summer terms.

**-or-**

- Undergraduate Students must be enrolled for 6 or more credits for the upcoming fall term.
- Graduate Students must be enrolled for 8 or more credits for the upcoming fall term.

#### **Academic Breaks:**

To be eligible to work during a break period, the student employee must have been at least a part-time student at EWU the term immediately prior to the break and must be registered to attend EWU as at least a part-time student in a degree or certificate program in the term immediately after the break. Student employees are allowed to work in a student employment position up to 40 hours per week during academic break periods (as long as they are taking no more than 5 credits as an undergrad or 3

credits as a graduate in summer term). Student employees may begin working more than 19 hours per week after completion of their last course requirements, including final examinations, projects, papers or other obligations.

### **International Students**

International students on F-1 and J-1 visas may work on campus up to 19 hours per week while school is in session, as long as they are a full-time student each academic quarter. An international student's eligibility to work must be certified by a Designated School Official (DSO). To be considered full-time, students must complete, not just register for, a full course load each term (18 contact hours for English Language Institute students; 12 credits for undergraduate and post baccalaureate students and 10 credits for graduate students). An international student is eligible to work up to 40 hours per week during their "vacation term" (summer), as long as they are registered in full-time credits in the fall. If you have questions, you may contact the School of Global Learning at Hargreaves 103, [global@ewu.edu](mailto:global@ewu.edu) or 359-2331.

### **Employment Status**

Student Employee positions are temporary positions. They are "at-will" and may be terminated at any time.

### **Work Hour Limitations**

The University considers you a student first and has set the limit of hours worked on campus at 19 hours per week during the academic year (excluding breaks). It is your responsibility to make sure that you don't exceed 19 hours per week in all of your on-campus jobs combined.

#### **During Academic Terms (Fall/Winter/Spring Quarters or Fall/Spring Semesters)**

- Up to 19 hours per week for all jobs worked

#### **During Breaks and Holidays**

- Up to 40 hours per week. (Students enrolled in 6 or more credits during the summer term, will be held to the 19 hours per week limit.)

As a general rule, student employees will not work more than 40 hours per week. In the unlikely event a student does work in excess of 40 hours per week, they will be entitled to overtime pay.

## **2. Graduate Service Appointments (GSAs)**

GSAs are awarded by an instructional or administrative unit (through the unit dean and the appropriate Vice Provost or designee) to students of outstanding promise who are given, under faculty direction, work experiences that engage them in instruction or are in support of scholarly/creative activities. The terms of the award and recommendation of recipients are made by the department or program which supports the award.

### **Eligibility**

- Candidates must be admitted to or be admissible to a graduate program.
- Candidates must have received a bachelor's degree before the beginning of the graduate service appointment.

### **Academic Terms**

- GSAs must be enrolled for 8 credits or more per term during the academic year.
- GSAs do not extend into the summer but may work as a student employee if enrolled for fall term.

### **Employment Status**

- GSAs may be terminated for adequate cause.
- Adequate cause for termination of a GSA appointment includes failing to meet the academic probation policy or failing to satisfactorily perform duties.
- A person terminated for adequate cause may be required to repay all or part of their tuition waiver.

### **Work Hour Limitations**

## **During Academic Terms (Fall/Winter/Spring Quarters or Fall/Spring Semesters)**

- To qualify for a tuition waiver, a GSA must work an average of 20 hours a week.

## **During Breaks and Holidays**

- GSAs may work up to 29 hours per week during academic breaks.

## **PAY SCHEDULE, DIRECT DEPOSIT, WORKWEEKS, AND MAILING ADDRESS**

**Paydays: the 10th and 25th of the month** (Saturdays or holiday dates you will be paid on the weekday prior to the date and Sundays you will be paid on the following weekday). The hours worked from the 1st to the 15th are paid on the 25th of the current month and from the 16th to the end of the month are paid on the 10th of the next month.

**Timesheets:** Student employees are responsible for accurately completing and timely submitting timesheets. Student employees will be compensated for actual hours worked and receive normal rate of pay on holidays. (Note: If employees work in Dining Services, timesheets must be submitted by the Department Timekeepers). **Timesheets must be completed by the second working day following the end of the pay period.**

**Work Week:** Monday 12:00 am through Sunday 11:59 pm

**Direct Deposit:** To sign up for Direct Deposit, go to the Payroll website at <https://inside.ewu.edu/financialservices/office-of-controller/payroll> as soon as possible. This allows paychecks to be directly deposited into your bank account (this is a separate request from your Financial Aid refund). The process will take one payroll to take effect.

**Current Mailing Address:** Remember to go into Eagle Net under Personal Information to make sure that your current mailing address is correct because your first paycheck will be mailed.

## **MEAL AND REST PERIODS**

For every four consecutive hours employees work, they receive a paid fifteen-minute rest period, which will be allowed no later than the end of the third hour of the shift. If employees work for five or more consecutive hours, they will receive a half-hour unpaid meal period. Employees must work at least two hours into the shift before the meal period can be used and a meal period cannot start more than five hours after the beginning of a shift. For shifts longer than 10 hours, please allow two meal breaks.

## **REASONABLE ACCOMMODATIONS**

If employees need a reasonable accommodation related to their job responsibilities, it is their responsibility to request an accommodation through Human Resources. You must contact the Senior Director of Human Resources at 359-2384 for assistance. Accommodations for education/classroom purposes must be obtained through Student Disability Support Services.

## **SICK LEAVE**

As a student employee you will accrue sick leave at a rate of one hour for every 40 hours worked as a student employee. You must notify your supervisor (or designee) as soon as reasonably possible when you will be absent due to illness or injury. If you are in a position where a relief replacement is necessary if you are absent, you will notify your supervisor at least two (2) hours prior to their scheduled time to report to work, whenever possible. The University may require a written medical certificate for absences of three (3) or more consecutive days or where there is reason to suspect sick leave abuse.

## **PAID FAMILY MEDICAL LEAVE**

Student employees, who meet eligibility criteria and experience a qualifying event as defined in EWU Policy 403-03, may be eligible for PFML. Employees shall notify their supervisor of the need for leave, including the timing and duration, not less than 30 days in advance if the need for leave is foreseeable. If the need for leave is not foreseeable, the employee shall provide such notice as soon as practicable. During the leave period, the employee will provide the supervisor with periodic reports on status and intent to return to work as requested. Employees will also contact Human Resources and provide certification. Applications for PFML must be filed with the Employment Security Department. The PFML Benefit Guide provides information on how to apply for benefits and submit claims. The Guide also explains employee rights and responsibilities under the law. Download the guide at <https://paidleave.wa.gov/benefit-guide>.

## **EMPLOYEE RESPONSIBILITIES**

Each job is unique and requires different skills and responsibilities; however, several universal responsibilities apply

to all student employee positions. At Eastern Washington University you are responsible for:

1. Abiding by all University rules, regulations, policies, and by employer's terms of employment, which are designed to provide a safe and professional work and learning environment. Key policies include, but are not limited to:
  - Sexual Misconduct and Title IX Responsibilities (402-01)

Employees are prohibited from engaging in any form of discrimination on the basis of sex, including, but not limited to, sexual harassment, sexual assault, indecent liberties, indecent exposure, sexual exhibitionism, sex-based cyber-harassment, prostitution or the solicitation of a prostitute, communications with a minor for immoral purposes, peeping or other voyeurism, possession, creation, or distribution of child pornography, disclosure of intimate images as defined in RCW 9A.86.010 without consent, or going beyond the boundaries of consent, such as by allowing others to view consensual sex or the non-consensual recording of sexual activity, interpersonal violence, stalking or retaliation. Examples include: unwelcome sexual advances, repeated requests for “dates” after an individual has declined, unwelcome and unacceptable touching such as massaging or hugging, unwanted comments about physical appearance that are of a sexual nature, and sexual gestures or images, and sexual “jokes.” As an employee, if you become aware of any incident or complaint involving the above described behaviors, involving a student, employee, program participant, visitor, volunteer, or contractor, you must report it to the Title IX Coordinator within 24 hours of becoming aware of the matter.
  - Diversity and Nondiscrimination (Policy 402-02)

Employees are prohibited from engaging in discriminatory behavior during the course of their employment based on someone’s race, color, creed, religion, national origin, citizenship or immigration status, sex, pregnancy, sexual orientation, gender identity/expression, genetic information, age, marital status, families with children, protected veteran or military status, HIV or hepatitis C, status as a mother breastfeeding her child, or the presence of any sensory, mental, or physical disability or the use of a trained guide dog or service animal by a person with a disability. Note: Discrimination on the basis of sex, sexual orientation, gender identity, or gender expression may also constitute sexual harassment under EWU Policy.
  - Ethical Standards/Appropriate Use of University Resources (Policies 901-01 & 901-02)

You may not use university resources such as computers, office supplies, or facilities for any private business/employment purposes or for any political campaigning/lobbying. You can only use state resources on a de minimis basis for personal use. This means occasional and limited personal use is permitted if there is no cost to the state, it does not interfere with the performance of your official work duties, the use is brief and there is no disruption in your work due to volume or frequency, and you do not compromise the security of state information systems or technology. For example, this means you could call to schedule a medical or dental appointment or to call your parents to confirm you made it to work.
  - Drug and Alcohol Abuse Prevention (Policy 602-01)

You are prohibited from being under the influence of alcohol or controlled substances while performing your job duties, this includes marijuana.
  - Bullying Prevention and Response (Policy 901-04)

You are prohibited from engaging in bullying behavior.
  - Fraternalization and Consensual Relationships (Policy 901-03)

Intimate, romantic and/or sexual relationships are prohibited between supervisors and subordinate employees.

**For more information on these key policies you can access them at <https://inside.ewu.edu/policies/>.**

2. Performing the job responsibilities/duties assigned by your supervisor and department.
3. Respecting the rights and property of your employer and fellow employees.
4. Treating all co-workers, students, and patrons with courtesy and respect.
5. Acting in a professional manner at all times and respecting the confidentiality of student and University records.
6. Dressing appropriately, according to the dress code of your place of employment.
7. Maintaining a positive work attitude of cooperation and initiative.
8. Talking with your employer when duties or instructions are unclear or if problems arise.



9. Performing your work to the best of your ability and making a personal commitment toward providing quality service.
10. Presenting and discussing new ideas with your employer and taking the initiative to acquire as many skills as possible to broaden your work experience.
11. Conducting personal business on your own time and avoiding excessive socializing during working hours.
12. Monitoring your Work Study earnings, in conjunction with your supervisor, so you do not exceed the earnings limit specified in your financial aid package.
13. Notifying your employer if your Work Study award changes.
14. Giving your employer notice of at least two weeks if you decide to terminate your job.
15. Reporting to work on time and adhering to your established work schedule.
16. Contact your employer before your shift begins if an illness or emergency prevents you from reporting to work.
17. Discussing changes in your work schedule with your employer and keeping your employer's needs in mind when asking to revise your schedule.
18. Reporting your work hours accurately and submitting your timesheet(s) to your supervisor by the timesheet due date each month.
19. Mandatory reporting:
  - a. Contact the Title IX Coordinator within 24 hours if someone tells you they have been subjected to sexual harassment, nonconsensual sexual contact, domestic violence, dating or stalking. Reports may be submitted online at [inside.ewu.edu/title ix/](https://inside.ewu.edu/title-ix/), made by phone to 359-6612, or 359-6724, or in person at 211 Tawanka Hall or emailed to [titleix@ewu.edu](mailto:titleix@ewu.edu).
  - b. Contact the Director of Equal Opportunity if someone tells you they have been discriminated against. Reports may be submitted online at [inside.ewu.edu/equalopportunity/file-a-complaint/](https://inside.ewu.edu/equalopportunity/file-a-complaint/), made by phone at 359-6612, in person at 211 Tawanka Hall or emailed to <https://sites.ewu.edu/civilrights>.
  - c. Contact the EWU Campus Police Department if you observe a crime on campus or during a university event or trip to EWU's Police Department. Reports may be made by phone to 359-7676 or 911 if an emergency.
  - d. Contact Child Protective Services or law enforcement within 48 hours if you receive a report that a child under the age of 18 has been abused or neglected. Reports may be made by phone to 359-7676.
  - e. Other types of complaints may be filed online at [inside.ewu.edu/rep/compliance/report-it](https://inside.ewu.edu/rep/compliance/report-it).

## **IMMUNIZATIONS**

Immunizations are important to the health and safety of our students and campus community. EWU has a requirement for the measles, mumps, and rubella (MMR) for all employees.

Waivers are available for medical or religious reasons. Accommodations are also available for pregnant individuals. For employees, including student employees, seeking a medical waiver, please contact Human Resources. For employees, including student employees, seeking a religious waiver, please contact [equal opportunity](#).

**Ready to upload?** Visit [Med+Proctor](#) to get started or visit [support.medproctor.com](https://support.medproctor.com) for any questions associated with submitting required immunization documentation.

I acknowledge that I have read, understand, and agree to the terms in the 2023-2024 Student Handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Student ID: \_\_\_\_\_