



## DAKOTA COUNTY TECHNICAL COLLEGE

# Welcome to DCTC!

Please complete the following forms and return them to HR no later than your first day of employment:

- Notice of Intent to Collect Private Data
- Employee Data Sheet
- Retirement Checklist for New Hires
- Acknowledgement of Public Information
- Waiver of Liability
  - For temporary and emergency employees only
- Employee Parking Fee Payroll - Deduction Authorization Form
- W-4 form
- I-9 form (Employment Eligibility Verification)
  - Under Federal Immigration Law, your employment is contingent on your ability to show that you are either a United States citizen or authorized by U.S. Citizenship and Immigration Services to be employed.
  - Please bring along acceptable documents as stated on the back of the I-9 form. HR must view the originals of your documents. Please provide one (1) document from List A **or** provide one (1) document from List B **and** one (1) document from List C.
  - If you fail to present acceptable documents within three (3) business days of hire, your employment will be terminated.

**Additionally, for payroll verification, we will need to view your social security card.**

Any questions, contact Tammy Davis (651) 423-8411 or Lynne Weierke (651) 423-8339 in Human Resources.

Dakota County Technical College recognizes providing the safest environment possible is an integral element of the college's mission and annually publishes a Campus Security Report that is available to everyone. This report provides statements of policy for a broad range of safety and security programs including crime prevention and reporting, personal safety, enforcement authority and response, and a three-year statistical review of designated crimes on campus. A printed copy of this report may be obtained, at no charge, from the Student Services Office, Dakota County Technical College, 1300 145<sup>th</sup> Street East, Rosemount, MN 55068 (Phone: 651-423-8301).

## NOTICE OF INTENT TO COLLECT PRIVATE DATA FROM NEW EMPLOYEES

As a new employee, you are asked to provide to your hiring agency the private data listed below for purposes noted to share with Minnesota Management and Budget (MMB). The data collected under this notice will be used to administer your employment with the State including verifying your employment eligibility. You are not required to provide all of the data but certain data must be collected. If you do not provide the requested data, in addition to the consequences listed below, your employment may be delayed or disrupted or you may not be able to receive important information related to your employment and benefits. If you do provide the data, it will be used as described and may be shared with other state and federal entities including: State employees who perform personnel or payroll functions whose work assignments reasonably require access, the Legislative Auditor, the Attorney General, Departments of Administration, Employment and Economic Development, and Labor and Industry, law enforcement agencies with statutory authority, and any other person or entity authorized by state or federal law or court order to access the data.

**Home Address and Telephone Number:** You are not legally required to provide these data except as provided below (see Continuity of Operations Data). The State is legally obligated to provide your home address to the Social Security Administration, Internal Revenue Service, applicable State Department of Revenue, applicable State retirement system, and Department of Human Services. Additionally, the applicable labor organization and applicable insurance carriers may have access to this data. If you do not provide a home address, you may not receive important documents, the State cannot fulfill its legal obligations and your eligibility for employment may be affected. If you do not provide a home telephone number, your agency may not be able to contact you when necessary.

**Continuity of Operations Data (Personal Home Contact Information):** Personal home contact information (including home mailing address, home telephone, personal cell/pager telephone numbers, and personal email addresses) may also be used to ensure the continuity of operations in an emergency or other work disruption. (Minnesota Statutes, section 13.43, subd. 17.) This information can be shared with other Minnesota government agencies as needed to ensure the continuity of operations of this or other state agencies.

Depending on your terms of employment, providing data for continuity of operations may be voluntary or mandatory. Check with your supervisor to determine the obligations for your job description. The following describes the consequences in both instances:

**Voluntary:** If you are not required to provide this data and you choose to provide it, you can be contacted and participate in continuity planning and response for this agency. If you do not provide this data, your office may not be able to reach you if there are events impacting your agency's operations or the agency needs to contact you.

**Mandatory:** If participating in continuity planning and response is an essential aspect of your position, you are required to provide this data. If you do not provide the information needed, it will impact your continued employment with the agency due to your inability to perform all of the functions of your position.

**Emergency Contact Information:** Needed so that someone may be contacted if an emergency occurs and you need assistance. You are not legally required to provide this information. However, if you do not provide it, we will not be able to contact anyone in case of an emergency. Your agency and MMB staff that perform personnel and payroll functions may have access to this data.

**Social Security Number (SSN):** If you are a new employee, your SSN is needed for reporting earnings and taking deductions, as required by law. You are legally obligated to provide your SSN so that the State may employ you. The Immigration Reform and Control Act of 1986, 8 U.S.C. 1324a requires a SSN for completion of the Federal Employment Eligibility Verification form (I-9). The Tax Reform Act of 1976, 42 U.S.C., 405(c)(2)(c) requires the State to provide your SSN to the Social Security Administration, Internal Revenue Service, and applicable state Department of Revenue. The following also have a legal right to your SSN: applicable State retirement system (Minnesota Statutes, Chapters 352-356), Department of Human Services (Minnesota Statutes, section 256.998), Department of Employment and Economic Development (Minnesota Statutes, section 268.044), and applicable insurance carriers (Minnesota Statutes, sections 43A.23, 62J.54, and 13.05). Known consequences of refusing to provide a SSN are that you cannot begin or continue employment with the State and you may not receive benefits for which you are eligible.

**Birth Date/Age:** Used to ascertain your retirement status, to determine your cost for certain optional insurance coverage, to determine actuarial rates and administer equal employment/age discrimination programs and issues. It is also required for completion of the Federal Employment Eligibility Verification form (I-9). You are not legally required to provide your birth date. The Minnesota Department of Human Services, applicable insurance carriers, applicable State retirement system have a legal right to this information. Your eligibility for employment may be affected if you do not provide this data. Additionally, it would not be possible to determine your eligibility for retirement, severance pay, and certain optional insurance coverage if you do not provide this data.

**Marital Status:** Your marital status is needed to determine eligibility for insurance and death benefit payments. You are not legally required to provide your marital status. However, without this information, certain insurance eligibility determinations and death benefit payments may not be possible. Applicable insurance carriers and State retirement system have a right to this information. This information is not needed if your position is not eligible for insurance or retirement benefits.

**Ethnic Group, Disability Status, Gender:** Used to determine if the State has a diverse workforce that is representative of all Minnesotans. You are not legally required to provide these data. However, without this information, the State may not be able to effectively carry out state and federal equal opportunity and affirmative action mandates. Applicable insurance carriers and State retirement system have a legal right to obtain your gender.

**Veteran Status:** Article 3, section 22 of Chapter 94 from the 2009 Session Laws requires that the number of veterans in the state workforce be reported to the Minnesota Legislature on an annual basis. Used to determine if the number of state employees who are veterans is representative of the number of veterans in the Minnesota labor force. You are not legally required to provide this data. However, without this information, the State may not be able to provide accurate data to the legislature.

**Medical Insurance Information:** This information will be used in case of a medical emergency within your first 35 days of employment. Completing this information is optional. You are not legally required to provide this information. However, if you do not provide, we will not be able to contact applicable health and dental carriers or medical personnel if the data is not provided.

**I HAVE READ THE ABOVE INFORMATION:**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

# Employee Data Sheet

## Dakota County Technical College

### DEMOGRAPHIC INFORMATION

<b>Legal Name</b>	<i>Last</i>	<i>First</i>	<i>Middle</i>	<b>Preferred First Name</b>
<i>If Any, List Former Name(s):</i>				
<b>Home Address</b>		<b>Street</b>		<b>Apt/Unit</b>
<b>City</b>		<b>State</b>	<b>Zip Code</b>	<b>County</b>
<b>Home Phone</b>		<b>Alternate Phone</b>		<b>E-mail Address</b>
(    )		(    )		
<b>Date of Birth</b>			<b>Social Security Number</b>	

<b>Race and Ethnic Background</b>
<p><b>Select one or more:</b></p> <p><input type="checkbox"/> <b>American Indian or Alaska Native</b> – A person having origins in any of the original peoples of North, Central or South American and who maintains tribal affiliation or community attachment</p> <p><input type="checkbox"/> <b>Asian</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent</p> <p><input type="checkbox"/> <b>Black or African American</b> – A person having origins in any of the black racial groups of Africa</p> <p><input type="checkbox"/> <b>Hispanic or Latino</b> - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race</p> <p><input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</p> <p><input type="checkbox"/> <b>White</b> – A person having origins in any of the original peoples of Europe, the Middle East or North Africa</p> <p><input type="checkbox"/> <b>Unknown</b></p> <p><i>If you have selected more than one race and ethnic background above, please state which you wish to identify as primary:</i></p> <p>_____</p>

<b>U. S. Citizen</b>	<b>Marital Status</b>	<b>Gender</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Married <input type="checkbox"/> Not Married	<input type="checkbox"/> Female <input type="checkbox"/> Male

<b>Veteran Status</b>
<p>The word "veteran" as used in Minnesota Statutes means a citizen of the United States or a resident alien who has been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or who has met the minimum active duty requirement as defined by Code of Federal Regulations, title 38, section 3.12a. or who has active military service certified under section 401, Public Law 95-202. The active military service must be certified by the United States secretary of defense as active military service and a discharge under honorable conditions must be issued by the secretary.</p> <p><input type="checkbox"/> Not a veteran: does not meet the definition of a veteran.</p> <p><input type="checkbox"/> Veteran: does meet the definition of a veteran</p>

<b>Disability Status</b>
<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>A disability is defined as: having a physical and/or mental impairment which substantially limits one more "major life activities"; or having a record of such impairment; or being regarded as having such impairment.</p> <p>"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing lifting, reaching and working.</p>

**PREVIOUS EMPLOYMENT INFORMATION**

*Have you ever received an early separation incentive from State of Minnesota employment whether under Minnesota State Colleges and Universities policy, employment bargaining agreement provision, or State of Minnesota policy?*

Yes  No

**ADDITIONAL EMPLOYMENT DATA**

*Have you previously been or are you currently employed by the State of Minnesota? (Does not include the University of Minnesota)*

Yes  No

If yes, please indicate which agency or agencies and dates of employment: \_\_\_\_\_  
 \_\_\_\_\_

*Have you ever been or are you currently covered by a public employer retirement plan?*

No

Yes

If yes, please check or list:  IRAP  MSRS  PERA  TRA  Other \_\_\_\_\_

Are you a current receiving an annuity/pension from one of these retirement plans?  Yes  No

**EDUCATIONAL BACKGROUND**

<i>College/University</i>	<i>Major/Minor</i>	<i>Degree Granted</i>	<i>Date Conferred</i>

**EMERGENCY CONTACT INFORMATION**

	<i>Contact No. 1</i>	<i>Contact No. 2</i>
<i>Name:</i>		
<i>Address:</i>		
<i>Home Phone:</i>	(    )	(    )
<i>Work Phone:</i>	(    )	(    )
<i>Cell Phone:</i>	(    )	(    )
<i>Relationship:</i>		

*I hereby declare the information provided on this form is true and accurate to the best of my knowledge.*

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

Minnesota State Colleges and Universities  
Retirement Checklist for New Hires

Your service for MnSCU may be covered by a retirement plan. If so, applicable retirement deductions will be taken. The information you provide to us is necessary to determine your proper retirement fund coverage and where your deductions will be contributed. If you are a MnSCU retiree drawing retirement benefits from any public pension plan or from IRAP, you are not eligible for any retirement contributions.

**1) Have you worked for any MnSCU college/university or system office in the past?** (*technical colleges, community colleges, state universities, system offices – see complete listing on attached sheet*) \_\_\_\_\_ No \_\_\_\_\_ Yes - If yes:

a) At what college/university? \_\_\_\_\_

Were deductions taken from your pay for contributions to a retirement plan?

\_\_\_\_\_ No \_\_\_\_\_ Yes - If yes, in which retirement plan did you participate?

\_\_\_\_\_ IRAP (*Individual Retirement Account Plan*)

\_\_\_\_\_ TRA (*Minnesota Teachers Retirement Association*)

\_\_\_\_\_ Other \_\_\_\_\_

b) Have you retired from employment at any MnSCU college/university? \_\_\_\_\_ No \_\_\_\_\_ Yes

If Yes, did you receive an Early Retirement Incentive? \_\_\_\_\_ No \_\_\_\_\_ Yes

**2) Will you be working at another MnSCU college/university concurrently with your assignment here?**

\_\_\_\_\_ No

\_\_\_\_\_ Yes - If yes: At what college/university? \_\_\_\_\_

**3) Under Minnesota Statutes, section 354B.21, Subdivision 3, you must certify whether you have had service credit in any of the pension plans in the State of Minnesota that are listed below. Please check the Plan(s) in which you have had service:**

\_\_\_\_\_ Teachers Retirement Association (TRA): If so, please indicate your TRA number: \_\_\_\_\_

\_\_\_\_\_ St. Paul Teachers Retirement Fund Association

\_\_\_\_\_ Duluth Teachers Retirement Fund Association

\_\_\_\_\_ Minnesota State Retirement System (MSRS)

\_\_\_\_\_ Correctional State Employees Retirement plan of the Minnesota State Retirement System

\_\_\_\_\_ Unclassified MSRS employee retirement program

\_\_\_\_\_ State Patrol retirement plan

\_\_\_\_\_ Legislators Retirement plan

\_\_\_\_\_ Elective State Officers Retirement plan

\_\_\_\_\_ Public Employees Retirement Association (PERA)

\_\_\_\_\_ Minneapolis Employees Retirement Fund (MERF)

\_\_\_\_\_ Public Employees Police and Fire Retirement Plan of PERA

\_\_\_\_\_ Local Government Correctional Service Retirement Plan of PERA

\_\_\_\_\_ Judges Retirement fund

**Please note:** If you are currently employed in an unclassified position (i.e., faculty, administrator, MAPE/MMA program director/supervisor or customized training representative) and are less than 25% of a full-time load for the academic year and have a current TRA balance, have never had an irrevocable retirement election within MnSCU, and are not a TRA annuitant, your salary will be covered by TRA. Once your employment is equal to or greater than 25% of a full-time load for the academic year, you will have an opportunity to irrevocably elect IRAP as your main retirement plan in lieu of TRA.

**4) Are you receiving a pension from any of the Pension Plans listed in #3 above?**

\_\_\_\_\_ No

\_\_\_\_\_ Yes - If yes, list the Minnesota Public Pension Plan \_\_\_\_\_

**6) Are you in this country on a F-1 (curricular practical training or optional practical training) or J-1 VISA?**

\_\_\_\_\_ No

\_\_\_\_\_ Yes - If yes, please attach a copy of your VISA. *Note: Medicare, Social Security and retirement deductions will be taken from your pay until the Minnesota Management & Budget Department approves your VISA status as exempt from these deductions.*

I certify that I have read the above questions and checked the appropriate responses. I understand that if I failed to correctly certify any prior membership in one of the plans listed under #3 above, the Minnesota State Colleges and Universities system and its board shall be held harmless, and notwithstanding any law to the contrary, I will be personally responsible for any resulting cost or financial liability. I also understand that if I failed to correctly identify prior membership in TRA in #3 above, that the Minnesota State Colleges and Universities system and its board shall not be liable for any interest on my missed contributions. I understand that I may be covered by a qualified retirement plan and my contributions will be made on a pre-tax basis. I understand that the amount of my contributions will not be included in the amount of gross wages for tax purposes on my W-2 form.

Name \_\_\_\_\_ SS# \_\_\_\_\_

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

**LISTING OF MINNESOTA STATE COLLEGES AND UNIVERSITIES, (INCLUDING FORMER NAMES)**

- Alexandria Technical & Community College
- Anoka-Ramsey Community College
- Anoka Technical College (*Anoka Hennepin Technical College*)
- Bemidji State University (*Bemidji State College*)
- Central Lakes College (*Brainerd Community College, Brainerd Technical College*)
- Century College (*Lakewood Community College*)
- Dakota County Technical College
- Fond du Lac Tribal & Community College
- Hennepin Technical College
- Hibbing Community College
- Inver Hills Community College
- Itasca Community College
- Lake Superior College (*Duluth Center, Duluth Technical College*)
- Mesabi Range Community & Technical College (*Mesabi Community College, Range Technical College*)
- Metropolitan State University
- Minneapolis Community & Technical College (*Metropolitan Jr. or Community College, Minneapolis Community College, Minneapolis Technical College*)
- Minnesota State College – Southeast Technical (*Red Wing Technical College, Winona Technical College*)
- Minnesota State Community & Technical College (*Detroit Lakes, Fergus Falls, Moorhead, Northwest, and Wadena Technical Colleges*)
- Minnesota State University Moorhead (*Moorhead State University, Moorhead State College*)
- Minnesota State University, Mankato (*Mankato State University, Mankato State College*)
- Minnesota West Community & Technical College (*Canby, Granite Falls, Jackson, and Pipestone Technical Colleges, Worthington Community College*)
- Normandale Community College
- North Hennepin Community College
- Northland Community & Technical Colleges (*East Grand Forks and Thief River Falls Technical College, Northland Community College*)
- Northwest Technical College, Bemidji (*Bemidji Technical College*)
- Office of the Chancellor (*Community College Board Office, Technical College Board Office, State University System Office, MnSCU System Office*)
- Pine Technical College
- Rainy River Community College
- Ridgewater College (*Hutchinson Technical College, Willmar Technical College, Willmar Community College*)
- Riverland Community College (*Austin Community College, MN Riverland Technical College – Austin Campus, South Central Technical College – Albert Lea Campus*)
- Rochester Community and Technical College (*Rochester Community College, Rochester Technical College*)
- St. Cloud State University (*St. Cloud State College*)
- St. Cloud Technical & Community College
- Saint Paul College – A Community and Technical College (*St. Paul Technical College, St. Paul A.V.T.I.*)
- South Central College (*South Central Technical College, North Mankato and Faribault Technical Colleges*)
- Southwest Minnesota State University (*Southwest State College, Southwest State University and Southwest Minnesota State College*)
- Vermilion Community College
- Winona State University (*Winona State College*)

## MINNESOTA STATE COLLEGE AND UNIVERSITIES SYSTEM

### Acknowledgment of Public Information that may be provided to Third Parties

I understand that the following information about myself and my employment with the Minnesota State College and University System (MnSCU) is considered public under Minnesota law and can be provided, without my consent, to any third party who may contact the system:

- ❖ Actual gross pension
- ❖ Actual gross salary
- ❖ Badge Number
- ❖ Basis for and amt of any additions to salary, including expense reimbursement
- ❖ City and county of residence
- ❖ Contract Fees
- ❖ Dates of first and last employment
- ❖ Education and training
- ❖ Final disposition of any disciplinary action
- ❖ General nature and status of any complaints or charges against me, whether or not they resulted in any disciplinary action
- ❖ Honors and awards received
- ❖ Job title and position description
- ❖ Name
- ❖ Payroll data (except that which would reveal private data)
- ❖ Previous work experience
- ❖ Salary Range
- ❖ Terms of any agreement settling administrative or judicial proceedings
- ❖ Value and nature of employer paid fringe benefits
- ❖ Work location and telephone number

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Signature

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Date



**Waiver of Liability for *Temporary, Emergency, Temporary Part Time Faculty and Adjunct Faculty***

I certify that I understand that I shall obtain no permanent or probationary status in MnSCU or state service because of this appointment or extension; and, that this appointment may be ended at any time.

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Signature

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Date



**EMPLOYEE PARKING FEE**

**PAYROLL DEDUCTION AUTHORIZATION FORM**

**MnSCU Policy:**

*The authority to establishing parking fees on the MnSCU campuses is granted by Minnesota Statute Section 169.966. M.S. 136F.67 states that colleges and universities shall develop a policy to charge a parking fee to generate revenue for parking lot construction, maintenance, enforcement, and improvements. MnSCU Procedure 5.11.1 states that the fee is to be set by the College President; however, the fee paid by employees of the college cannot be less than the fee paid by students. The parking fee for employees will change when the parking fee for students changes.*

**Payment Options (please check the appropriate box):**

- Bi-weekly payroll deduction during the academic year in equal consecutive deductions. **Withheld pre-tax.**
- One time payroll deduction amount each academic year. **Withheld pre-tax.**

By signing this form, I am agreeing to abide by the DCTC parking rules and regulations. I authorize my employer, Dakota County Technical College, to withhold the cost of employee parking fees from my paycheck. **I understand the deductions will be automatic each academic year based on the payment option chosen above. I also understand that I must electronically register my vehicle using the DCTC Faculty and Staff portal prior to each academic year and obtain a permit from the Operations Department.**

Employee Name (printed) \_\_\_\_\_

Employee ID # (8 digit payroll#)\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date of Application \_\_\_\_\_

**Parking Fee Waiver:**

A parking waiver form can be completed for those who **only** teach **exclusively** on-line classes, ride the bus, van pool, or are driven to work on a daily basis by someone else. On those days an employee who is on a waiver drives to work, he/she will need to purchase a daily parking permit from the tuition window.

PLEASE RETURN THIS FORM TO LYNDIA MCPHERSON

**WWW.DCTC.EDU**



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## **EMPLOYEE PARKING FEES FOR ACADEMIC YEAR 2010-2011**

- \$75.00/academic year
- \$50.00/academic year for employees working 15-30 hours per week OR teaching 7-12 credits per semester.
- \$25.00/academic year for employees working less than 15 hours per week OR less than 7 credits per semester.

## **DCTC PARKING RULES AND REGULATIONS**

Employees do not have authorization to park without a valid parking pass. Vehicles that do not have a valid parking pass may be ticketed, booted or towed.

If an employee does not pay or authorize payroll deduction by the deadline date, the employee will be sent an invoice for payment. Failure to pay the invoice will result in the bill being turned over to the Department of Revenue for collection – which DCTC is required to do by State statute.

[WWW.DCTC.EDU](http://WWW.DCTC.EDU)

# Form W-4 (2012)

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

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

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

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

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

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

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

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

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

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

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

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

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

## Personal Allowances Worksheet (Keep for your records.)

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

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

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

### Deductions and Adjustments Worksheet

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

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

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

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

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

**Table 1**

**Table 2**

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

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

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

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

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

# Minnesota Employee Withholding Allowance/Exemption Certificate

## Employees

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, do not complete this form.

However, you must complete and provide your employer with Form W-4MN if you:

- claim fewer Minnesota withholding allowances than your federal allowances (your Minnesota allowances cannot exceed the number of your federal allowances),
- claim more than 10 Minnesota withholding allowances,
- want additional Minnesota withholding deducted from your pay each pay period, or
- claim to be exempt from federal withholding or claim to be exempt from Minnesota withholding.

<b>Employee information</b>	Employee's first name and initial	Last name	Employee's Social Security number
	Permanent address		<b>Marital status (check one box)</b>
	City	State	Zip code

Single; Married, but legally separated; or Spouse is a nonresident alien  
 Married  
 Married, but withhold at higher Single rate

**Employees: Read instructions on back, complete Section 1 or Section 2, sign and give the completed form to your employer.**

**Section 1 – Determining Minnesota allowances**

Complete Section 1 if you claim fewer Minnesota allowances than your federal allowances, AND/OR if you want additional Minnesota withholding deducted each pay period.

**1** Total number of federal allowances claimed on federal Form W-4 ..... **1** \_\_\_\_\_  
**2** Total number of Minnesota allowances (*line 2 cannot be more than line 1*) ..... **2** \_\_\_\_\_  
**3** Additional Minnesota withholding you want deducted each pay period ..... **3** \$ \_\_\_\_\_

**Section 2 – Exemption from Minnesota withholding for calendar year:** \_\_\_\_\_

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate the reason why you believe you are exempt:

I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.  
 Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding because I had no Minnesota income tax liability last year, I received a refund of all Minnesota income tax withheld, AND I expect to have no Minnesota income tax liability this year.  
 My spouse is a military service member assigned to a military location in Minnesota, my domicile (legal residence) is in another state, AND I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_.

**Sign here**

*I certify that all information provided in Section 1 or Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.*

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime phone \_\_\_\_\_

**Employees:** Give the completed form to your employer.

## Employers

If you are required to send a copy of this form to the Department of Revenue (see instructions), enter the employer information below and mail this form to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501. A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

Keep a copy for your records.

<b>Employer information</b>	Name of employer	Federal employer ID number (FEIN)	Minnesota tax ID number
	Address	City	State Zip code

**Questions?** Website: [www.taxes.state.mn.us](http://www.taxes.state.mn.us). Email: [withholding.tax@state.mn.us](mailto:withholding.tax@state.mn.us). Phone: 651-282-9999 or 1-800-657-3594. TTY users: Call 711 for Minnesota Relay

# Instructions for Form W-4MN

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, there is no need for you to complete this form.

## Employee instructions

### When to complete

After you determine the number of federal withholding allowances to claim on federal Form W-4, you must decide the number of Minnesota withholding allowances to claim.

If you claim the same number of Minnesota withholding allowances as federal and the number of allowances are 10 or less, you do not need to complete Form W-4MN. Your employer will use the same number as on your federal Form W-4 to determine the amount of Minnesota income tax to withhold from your pay.

You must complete Form W-4MN and provide it to your employer, if you:

- choose to claim fewer Minnesota withholding allowances than for federal purposes (Minnesota allowances cannot exceed the number of federal allowances),
- request additional Minnesota withholding be deducted each pay period,
- claim more than 10 Minnesota withholding allowances, or
- claim to be exempt from Minnesota income tax withholding and you reasonably expect your wages to exceed \$200 per week. (For criteria, see the instructions for Section 2.)

*Note:* If you claim more than 10 Minnesota allowances, or claim exempt from Minnesota withholding and you expect your wages to exceed \$200 per week, your employer is required to provide copies of your completed Form W-4MN to the department.

### Due dates

Consider completing a new Form W-4MN whenever your personal or financial situation changes. If you have not had sufficient income tax withheld from your pay, interest and/or penalty charges may be assessed when you file your individual income tax return.

**If you claim exempt** from Minnesota withholding tax (Section 2), you must provide your employer with a new Form W-4MN by February 15 of each year.

### Section 1 — Minnesota allowances

Do not claim more than the correct number of allowances. If you claim every allowance to which you are entitled and you still expect to owe more income tax for the year than will be withheld, you may:

- increase your withholding by claiming fewer allowances, or

- enter into an agreement with your employer to have additional amounts withheld (see line 3 instructions).

**Line 3.** If you claim no Minnesota allowances on line 2, and you still expect to have a balance due on your tax return for the year, you may ask your employer to withhold an additional amount of tax each pay period. If your employer agrees, enter the additional amount you want withheld from each paycheck on line 3.

### Section 2 — Minnesota exemption

If you are exempt from Minnesota withholding, your employer will not withhold Minnesota income tax from your pay. To claim exemption, you must meet one of the following requirements:

- You meet the federal requirements, you claim exempt from federal withholding on Form W-4, and you also want to claim exempt from Minnesota withholding.
- You had no Minnesota income tax liability in the prior year, you received a full refund of Minnesota tax withheld, and you expect to have no Minnesota income tax liability for the current year.
- You qualify as exempt from Minnesota withholding under the Soldiers and Sailors Civil Relief Act. To qualify, you must be the spouse of a military member assigned to duty in Minnesota, be domiciled in another state and be present in Minnesota solely to be with your active duty military member spouse.

If you claim exempt and your wages are expected to exceed \$200 per week, your employer is required to furnish a copy of Form W-4MN to the department. We may contact you if we need additional information.

### Signature

You are required sign this form. Minnesota law imposes a penalty of \$500 for filing a false withholding allowance/exemption certificate.

### Use of information

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the Internal Revenue Service and to other states that guarantee the same privacy. Your name, address and Social Security number are required for identification. Information about your withholding allowances is required to determine your correct tax. We ask for your phone number so we can call you if we have a question.

## Employer instructions

All new employees must complete federal Form W-4 when they first begin work for you. If the employee claims the same number of Minnesota allowances as federal and does not request additional or claim exempt from Minnesota withholding, there is no need for the employee to complete Form W-4MN. Use the same number of allowances when determining Minnesota withholding.

If the employee does not give you a completed Form W-4 or Form W-4MN before the first wage payment, withhold Minnesota tax as if the employee is single with zero withholding allowances. You are not required to verify the number of withholding allowances claimed by each employee.

You should honor each Form W-4MN you receive unless we notify you otherwise or if the employee claims more Minnesota than federal withholding allowances. If the employee claims more Minnesota than federal withholding allowances, use the number of federal withholding allowances to determine the Minnesota withholding.

For more complete information, see *When to complete* and *Due dates* under *Employee instructions*. Keep all forms in your records.

### When to send copies of Form W-4MN to the department

You must send copies of Form W-4MN to the department if the employee:

- claims more than 10 Minnesota withholding allowances; or
- claims to be exempt from Minnesota withholding and you reasonably expect the employee's wages to exceed \$200 per week (*Exception:* if the employee is a resident of a reciprocity state and has completed Form MWR); or
- you believe the employee is not entitled to the number of allowances claimed.

Mail to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501.

A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.



**DAKOTA COUNTY**  
**TECHNICAL COLLEGE**

## Payroll Direct Deposit

The State of Minnesota mandates that all State employees enroll in payroll direct deposit.

You will be receiving an Employee ID number from Human Resources after we have entered your information into the system. Once you receive your Employee ID number you will need to go to the Employee Self-Service website and enter your bank information for the direct deposit.

**\*\*The information you will need to complete this process:**

- Employee Self-Service website information
  - [www.state.mn.us/employee](http://www.state.mn.us/employee)
- Employee ID number
- Account Type
  - Savings
  - Checking
- Bank Routing Number
- Account Number
- Deposit Type
  - Specific Dollar Amount
  - Specific Percentage
  - Balance

**\*\*This needs to be completed as soon as you receive your Employee ID.**

**Instructions****Read all instructions carefully before completing this form.**

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

**What Is the Purpose of This Form?**

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

**When Should Form I-9 Be Used?**

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

**Filling Out Form I-9****Section 1, Employee**

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

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

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

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

**Preparer/Translator Certification**

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

**Section 2, Employer**

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

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

**Employers must record in Section 2:**

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

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

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

### Section 3, Updating and Reverification

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

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

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

### What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

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

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

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

### Photocopying and Retaining Form I-9

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

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

### Privacy Act Notice

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

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

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

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## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

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

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

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

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

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

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

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

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

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

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

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

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

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

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

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

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

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

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	5. U.S. Military card or draft record		
	6. Military dependent's ID card		
	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	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
		8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
		9. Driver's license issued by a Canadian government authority	
<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
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	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security	
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		

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

### **Notice of Enrollment in a Certified Managed Care Plan for Workers' Compensation Injuries and Illness**

Under Minnesota Rule 5218.0250, the Minnesota Department of Employee Relations provides this notice to inform you that:

Effective July 1, 2005, your employer (the State of Minnesota) will be enrolled with **CorVel**, a certified workers' compensation managed care plan that provides state employees and covered volunteers with all necessary medical treatment for work-related injuries and illness.

If injured in the course of your work, you may receive treatment from a medical doctor, chiropractor, podiatrist, osteopath, or dentist; if the treatment is available within the community and is appropriate for the injury or illness. As a state employee or covered volunteer, you must receive all necessary medical treatment from a health care provider who is a member of CorVel's plan, except in the following circumstances: you have already established a treating relationship with a non-participating provider (who maintains your medical records)\* prior to the work-related injury; or if you require emergency treatment; or if your place of employment and residence are beyond the mileage parameters set forth in part 5218.0100, subp. 1.F.(7). Furthermore, if you sustained your work-related injury prior to the State's enrollment with CorVel, you may continue to receive treatment from a non-participating provider until you change doctors.

On July 1, you can access care for a work-related injury or illness by going to a clinic or health care provider from CorVel's network; or by asking your agency's Workers' Compensation Coordinator to share CorVel's provider directory with you; or by accessing CorVel's provider directory on-line at <http://www.doer.state.mn.us> (Click on State Employee Information; then, click on the Workers' Compensation link where you can access the CorVel Provider Directory; or by calling CorVel's 24-hour Nurse Phone Line at (612) 436-2542 or (866) 399-8541. You may also contact CorVel's Nurse Phone line if you have questions about managed care for workers' compensation; or direct such inquiries to the State Workers' Compensation Program at (651) 296-6521. You may also contact your agency's Workers' Compensation Coordinator if you need assistance.

Additional information may be obtained by calling the Minnesota Department of Labor and Industry (DOLI) in St. Paul at (651) 284-5005 or (800) 342-5354. In Duluth, call DOLI at (218) 733-7810 or (800) 365-4584.

\*In accordance with part 5218.0500, subparts 1 and 2, except that if you later change doctors you must then choose a doctor who participates in CorVel's plan.

## **PAY STUB INFORMATION**

All pay stub information is viewed by accessing the web. After your new employee paperwork is processed in Human Resources, you will receive a letter from them indicating your employee ID number and instructions on how to obtain your pay stub information.

Your pay stub information will be available to view the Tuesday before payday, however, your net pay will not be deposited into your account until payday on Friday.

(Please do not forget to attach a voided check to your Direct Deposit Form).

The pay stub web address is: [www.state.mn.us/employee](http://www.state.mn.us/employee)

Please contact Christina Haas at (651) 423-8405 in the Business Office if you have further questions.

**DAKOTA COUNTY TECHNICAL COLLEGE  
2011-2012  
STATE PAY PERIODS AND PAY DATES**

<b><u>Pay Period Start and End Dates</u></b>	<b><u>Time and Leave Sheets Due by end of the day on Friday in the Payroll Office</u></b>	<b><u>Pay Day</u></b>
June 22 – July 5	July 1	July 15, 2011
July 6 – July 19	July 15	July 29, 2011
July 20 – August 2	July 29	August 12, 2011
August 3 – August 16	August 12	August 26, 2011
August 17 – August 30	August 26	September 9, 2011
August 31 – September 13	September 9	September 23, 2011
September 14 – September 27	September 23	October 7, 2011
September 28 – October 11	October 7	October 21, 2011
October 12 – October 25	October 21	November 4, 2011
October 26 – November 8	November 4	November 18 2011
November 9 – November 22	November 18	December 2, 2011
November 23 – December 6	December 2	December 16, 2011
December 7 – December 20	December 16	December 30, 2011
December 21 – January 3	December 30	January 13, 2012
January 4 – January 17	January 13	January 27, 2012
January 18 – January 31	January 27	February 10, 2012
February 1 – February 14	February 10	February 24, 2012
February 15 – February 28	February 24	March 9, 2012
February 29 – March 13	March 9	March 23, 2012
March 14 – March 27	March 23	April 6, 2012
March 28 – April 10	April 6	April 20, 2012
April 11 – April 24	April 20	May 4, 2012
April 25 – May 8	May 4	May 18, 2012
May 9 – May 22	May 18	June 1, 2012
May 23 – June 5	June 1	June 15, 2012
June 6 – June 19	June 14	June 29, 2012
June 20 – July 3	June 29	July 13, 2012