

DEPARTMENT OF PLANT SCIENCE AND LANDSCAPE ARCHITECTURE

PERSONNEL INFORMATION SHEET

Departmental Use Only

NAME: _____
Last First MI

SOC. SEC. NO. _____ DATE OF BIRTH _____

CURRENT ADDRESS _____ PERMANENT ADDRESS _____

TELEPHONE _____ TELEPHONE _____

EMERGENCY CONTACT _____
Name Relationship Telephone

ENROLLMENT STATUS: Graduate Student _____
College Freshman _____ Sophomore _____ Junior _____ Senior _____
High School _____ *If under 18 years old, you must have a work permit.

U.S. CITIZEN: Yes _____ No _____

Have you been on the campus payroll Yes _____ No _____
If yes, for which department _____

If employed by the USDA/ARS Beltsville, MD, please give mailing address and phone number

E-mail Address: _____

Please attach the following:

1. Completed Employment Eligibility Verification
2. Completed W-4 Form (use permanent address)
3. Photocopy of Social Security Card or Birth Certificate
4. Photocopy of Driver's License
5. Citizenship Status Form (if NOT a U.S. citizen)
6. Passport and Visa (if NOT a U.S. citizen)

Degree Date (YY/MM)	Degree	Discipline	Institution	Honorary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Form I-9, Employment Eligibility Verification

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

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

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

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

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

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

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

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

Preparer's/Translator's Signature	Print Name
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 Marie Bryer	Title Director of Financial Services
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) PSLA 2108 Plant Science Bldg. , College Park, MD 20742		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehirc (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)	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)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	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. 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	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
10. School record or report card		8. Employment authorization document issued by the Department of Homeland Security
11. Clinic, doctor, or hospital record		
12. Day-care or nursery school record		
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		

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

2009 EMPLOYEE WITHHOLDING ALLOWANCE CERTIFICATE FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Form W-4
Department of the Treasury
Internal Revenue Service

Form MW 507
Comptroller of Maryland

Please complete form in black ink. 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.

Section 1 - Employee Information

Payroll System (check one) RG <input type="checkbox"/> CT <input type="checkbox"/> UM <input checked="" type="checkbox"/>		Name of Employing Agency University of Maryland	
Agency Number 360222	Social Security Number	Employee Name	
Home Address (number and street or rural route)		Address Continued (apartment number, if any)	
City	State	Zip Code	County of Residence (required)

Section 2 - Federal Withholding Form W-4

The federal worksheet is available online at <http://www.irs.gov/pub/irs-pdf/fw4.pdf>

3 Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single Rate <input type="checkbox"/> Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		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 new card. >	
5 Total number of allowances you are claiming (from page 1 or page 2 of the federal worksheet)	5		
6 Additional amount, if any, you want withheld from each paycheck	6	\$	
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.....>		7	

Section 3 - Maryland Withholding Form MW 507

The Maryland worksheet is available online at http://forms.marylandtaxes.com/current_forms/MW507.pdf

Withhold at Single Rate Married (surviving spouse or unmarried Head of Household) Rate Married, but withhold at Single Rate

1 Total number of exemptions you are claiming from Maryland worksheet 1 _____

2 Additional withholding per pay period under agreement with employer 2 _____

3 I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply:

a Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld.
AND
b This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement.)

If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3 _____

4 I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies:

Pennsylvania (indicate township/borough under Address Continued in section 1 above) Virginia

I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2 of the worksheet.
Enter "EXEMPT" here 4. _____

Section 4 - Employee Signature

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. I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or line 4, whichever applies.

Employee's signature
(Form is not valid unless you sign it.) _____

Date _____

Employer's name and address (including zip code) (For employer use only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number 52-6002033 (For State of Maryland - CPB use only)
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Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.
Web Site - <http://compnet.comp.state.md.us/cpb>

