New Hire Custodial, Maintenance and Grounds Checklist

Name:	Position:
Date:	Building Location (Choose from below):

It is the responsibility of each newly-hired employee to provide the following information, according to the timelines indicated:

REQUIRED *IMMEDIATELY*:

- ☐ One copy of Driver's License (include a copy of the back, if there is a change in address.)
- ☐ One copy of Social Security Card (must be signed and reflect current legal name)
- ☐ LiveScan Fingerprint Request ***–or–*** ☐ Fingerprint Release Form
- ☐ Michigan Waiver Agreement and Statement for Schools
- ☐ Acknowledgement of Receipt of Notices
- ☐ Employment Eligibility Verification Form I-9 – http://www.uscis.gov/sites/default/files/files/form/i-9.pdf
- ☐ MI-W4 – Michigan Withholding Exemption Certificate – http://www.michigan.gov/documents/taxes/MI-W4_370050_7.pdf
- ☐ Form W-4 – Federal Employees Withholding Certificate – http://www.irs.gov/pub/irs-pdf/fw4.pdf
- ☐ Payroll Authorization for Direct Deposit of Salary ☐ Voided check must be attached
- ☐ New Hire Retirement Plan Election Form – http://www.michigan.gov/documents/psru/R0940C_MPSERS_New_Hire_Packet-Complete_398101_7.pdf
- ☐ Unprofessional Conduct Form
- ☐ Conviction Disclosure Form
- ☐ Racial/Ethnic Data Collection Form
- ☐ Technology Use Form
- ☐ Board Policy 5517.1 Ackowledgement
- ☐ Hepatitis B Vaccination Form

REQUIRED within two (2) weeks of hire date:

- ☐ Required Training Tutorials Completion: Bloodborne Pathogens, Bullying, General Harrassment, Hazard Communication, Seclusion and Restraint, and Social Media Procedures
- ☐ Employee Safety Manual Training Verification Form
- ☐ You are required to participate in an employee paid pre-placement physical examination and substance abuse testing through Concentra or St. John. Please make your appointment with Concentra or St. John, and bring the enclosed Authorization for Examination or Treatment to your exam.

OPTIONAL forms for voluntary participatory programs:

- ☐ Employee HSA Payroll Deduction Form
- ☐ MidAmerica Flexible Benefits (125) Plan Enrollment Form
- ☐ 403b Payroll Deduction Form
- ☐ 457 Payroll Deduction Form
- ☐ Payroll Deduction Authorization for Charitable Donations

Rev: July 2017

FINGERPRINT INFORMATION

L'Anse Creuse Public Schools requires prospective employees to provide fingerprints for a criminal background check upon hire. If you have been fingerprinted for another school district in Michigan and there was no break in service, please complete the Fingerprint Release Form. If you have not been fingerprinted with another district in Michigan, or there has been a break in service with your last school employer, please complete the LiveScan Fingerprint Request Form. The State of Michigan has contracted with IdentoGo for this service.

How to obtain fingerprints:

1. Call 1-866-226-2952 (a toll free number) or access the IdentoGo website at www.identogo.com to schedule an appointment. Click on *Michigan* then scroll down to *Locations*. **Be sure to ask how much it will cost, as payment is your responsibility and due at time of service.**

2. Complete the "Applicant Information" section of the LiveScan Fingerprint Request form and sign in the Signature area. Take this page along with your picture identification (i.e. driver's license, state identification, etc.) to your fingerprint appointment.

3. You will receive a signed receipt at the end of your fingerprinting session. Please save your receipt.

It is very important that you take care of this as soon as possible. You will not begin work until you have been fingerprinted.

Criminal convictions may result in disqualification from employment with L'Anse Creuse Public Schools or in dismissal from employment if an offer of employment has been made and accepted.

Please call the Human Resources department at (586) 783-6300 ext.1213 if you have any questions.

NOTICE OF NONDISCRIMINATION. It is the policy of L'Anse Creuse Public Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent for Human Resources, L'Anse Creuse Public Schools, Harry L. Wheeler Community Center and Administrative Offices, 24076 F. V. Pankow Blvd., Clinton Township, MI 48036, and (586) 783-6300. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director for Special Education, (586) 783-6300.

LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273

COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information:

1. Fingerprint Code	2. Requestor/Agency ID	3. Agency Name	4. Individual ID (optional)
SE - School Employment	3681H	L'Anse Creuse P.S.	

II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.

1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix

2. Any Alternative Names, Last Names, or Aliases	3. Social Security Number (Optional)

4. Place of Birth (State or Country)	5. Date of Birth	6. Phone Number	7. Driver's License / State ID Number	8. Issuing State

9. Home Address	10. City	11. State	12. ZIP Code

13. Sex	14. Race	15. Height	16. Weight	17. Eye Color	18. Hair Color

III. Livescan Information:

1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Livescan Operator*

IV. Consent

I understand that my personal information, and biometric data being submitted by Livescan, will be used to search against identification records from both the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI) for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.

During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI's Next Generation Identification.

Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Signature _____ **Date** _____

Procedure to obtain a change, correction, or update of identification records:
If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.
(28 CFR § 16.34)

INSTRUCTIONS

Section I.

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. **Fingerprint Code:**
   The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. **Requesting Agency Identification (ID):**
   The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency Identification is used. The MSP will charge for second requests due to incorrect codes.

3. **Agency Name:**
   The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. **Individual ID (optional)**
   Is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II.

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III.

Livescan Information:

This section is required to be completed by the Livescan vendor operator. Must be completed by the Livescan operator at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Livescan operator must return a completed copy of the form to the applicant.

Livescan Operator – when an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Livescan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.

ONLY FILL OUT THIS FORM IF YOU WERE FINGERPRINTED FOR ANOTHER SCHOOL DISTRICT IN MICHIGAN SINCE JANUARY 2006

AUTHORIZATION FOR RELEASE OF CRIMINAL RECORDS CHECK

As a prospective employee/volunteer of L'Anse Creuse Public Schools, I understand that it is this agency's policy to secure criminal conviction history information as part of their pre-employment screening process using the information provided below.

Name of Applicant (Last, First, Middle):	Date of Birth:
Address:	City, State, Zip:
Phone Number:	Additional Names (Last, First, Middle):
Position applied for:	
Previous School District:	
Date Last Fingerprinted:	Transaction Control Number (TCN):

I was fingerprinted by and I authorize my current or former employer, listed above, to release the results of my fingerprints to the L'Anse Creuse Public School District.

Applicant Signature	Date:

TO BE COMPLETED BY THE CURRENT OR FORMER SCHOOL DISTRICT

The individual named above is being considered for employment with the L'Anse Creuse Public Schools District and has informed us that they had their fingerprints scanned for your school district.

Please note your findings by checking the applicable box:

☐ A criminal history check was received and no convictions were identified **(please attach copies).**

☐ A criminal history check was received and we recommend that you contact our office.

☐ It has been over one year since this employee has worked for us therefore we cannot submit copies of their fingerprints.

☐ No criminal history check has been requested for this individual.

Signature	Date:
Phone:	

Please forward a copy of the fingerprint results to:

L'Anse Creuse Public Schools ● Lydia Amersdorfer, Human Resources
24076 F.V. Pankow Blvd., Clinton Township MI 48036
586.783.6300 ext. 1215 ● 586.783.6311 fax ● amersly@lc-ps.org

RI-088A (02/2017)
MICHIGAN STATE POLICE
Criminal Justice Information Center

AUTHORITY: MCL 28.242
COMPLIANCE: Voluntary; however, failure to complete this Agreement will result in denial of request.

MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) L'Anse Creuse Public Schools ,
to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State	ZIP Code
What is your current or prospective status (check **one**)? ☐ Employee ☐ Volunteer ☐ Contractor/Vendor			
Have you ever been convicted of a crime? ☐ Yes ☐ No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. ☐ Yes ☐ No			
Name of Other Qualified Entity			
Signature		Date Signed	

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

ACKNOWLEDGEMENT:

As part of my employment packet, I have received the following notices:

- ☐ New Health Insurance Marketplace Coverage Options and Your Health Coverage
- ☐ Part B: Information About Health Coverage Offered by Your Employer
- ☐ Annual Meaningful Notice of the Right to Participate

Signature:	
Printed Name:	Date:

Rev: Jan 2017

Instructions for Form I-9, Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Anti-Discrimination Notice. It is illegal to discriminate against work-authorized individuals in hiring, firing, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TTY), or visit www.justice.gov/crt/about/osc.

What is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011.

General Instructions

Both employers and employees are responsible for completing their respective sections of Form I-9. 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, as defined in section 3 of the Migrant and Seasonal Agricultural Worker Protection Act, Public Law 97-470 (29 U.S.C. 1802). An "employee" is a person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term "Employee" does not include those who do not receive any form of remuneration (volunteers), independent contractors or those engaged in certain casual domestic employment. Form I-9 has three sections. Employees complete Section 1. Employers complete Section 2 and, when applicable, Section 3. Employers may be fined if the form is not properly completed. See 8 USC § 1324a and 8 CFR § 274a.10. Individuals may be prosecuted for knowingly and willfully entering false information on the form. Employers are responsible for retaining completed forms. **Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).**

These instructions will assist you in properly completing Form I-9. The employer must ensure that all pages of the instructions and Lists of Acceptable Documents are available, either in print or electronically, to all employees completing this form. When completing the form on a computer, the English version of the form includes specific instructions for each field and drop-down lists for universally used abbreviations and acceptable documents. To access these instructions, move the cursor over each field or click on the question mark symbol (?) within the field. Employers and employees can also access this full set of instructions at any time by clicking the Instructions button at the top of each page when completing the form on a computer that is connected to the Internet.

Employers and employees may choose to complete any or all sections of the form on paper or using a computer, or a combination of both. Forms I-9 obtained from the USCIS website are not considered electronic Forms I-9 under DHS regulations and, therefore, cannot be electronically signed. Therefore, regardless of the method you used to enter information into each field, you must print a hard copy of the form, then sign and date the hard copy by hand where required.

Employers can obtain a blank copy of Form I-9 from the USCIS website at https://www.uscis.gov/sites/default/files/files/form/i-9.pdf. This form is in portable document format (.pdf) that is fillable and savable. That means that you may download it, or simply print out a blank copy to enter information by hand. You may also request paper Forms I-9 from USCIS.

Certain features of Form I-9 that allow for data entry on personal computers may make the form appear to be more than two pages. When using a computer, Form I-9 has been designed to print as two pages. Using more than one preparer and/or translator will add an additional page to the form, regardless of your method of completion. You are not required to print, retain or store the page containing the Lists of Acceptable Documents.

The form will also populate certain fields with N/A when certain user choices ensure that particular fields will not be completed. The Print button located at the top of each page that will print any number of pages the user selects. Also, the Start Over button located at the top of each page will clear all the fields on the form.

The Spanish version of Form I-9 does not include the additional instructions and drop-down lists described above. Employers in Puerto Rico may use either the Spanish or English version of the form. Employers outside of Puerto Rico must retain the English version of the form for their records, but may use the Spanish form as a translation tool. Additional guidance to complete the form may be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274) and on USCIS' Form I-9 website, I-9 Central.

Completing Section I: Employee Information and Attestation

You, the employee, must complete each field in Section 1 as described below. Newly hired employees must complete and sign Section 1 no later than the first day of employment. Section 1 should never be completed before you have accepted a job offer.

Entering Your Employee Information

Last Name *(Family Name)*: Enter your full legal last name. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the Last Name field. *Examples of correctly entered last names include De La Cruz, O'Neill, Garcia Lopez, Smith-Johnson, Nguyen.* If you only have one name, enter it in this field, then enter "Unknown" in the First Name field. You may not enter "Unknown" in both the Last Name field and the First Name field.

First Name *(Given Name)*: Enter your full legal first name. Your first name is your given name. *Some examples of correctly entered first names include Jessica, John-Paul, Tae Young, D'Shaun, Mai.* If you only have one name, enter it in the Last Name field, then enter "Unknown" in this field. You may not enter "Unknown" in both the First Name field and the Last Name field.

Middle Initial: Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have more than one middle name, enter the first letter of your first middle name. If you do not have a middle name, enter N/A in this field.

Other Last Names Used: Provide all other last names used, if any (e.g., maiden name). Enter N/A if you have not used other last names. For example, if you legally changed your last name from Smith to Jones, you should enter the name Smith in this field.

Address (Street Name and Number): Enter the street name and number of the current address of your residence. If you are a border commuter from Canada or Mexico, you may enter your Canada or Mexico address in this field. If your residence does not have a physical address, enter a description of the location of your residence, such as "3 miles southwest of Anytown post office near water tower."

Apartment: Enter the number(s) or letter(s) that identify(ies) your apartment. If you do not live in an apartment, enter N/A.

City or Town: Enter your city, town or village in this field. If your residence is not located in a city, town or village, enter your county, township, reservation, etc., in this field. If you are a border commuter from Canada, enter your city and province in this field. If you are a border commuter from Mexico, enter your city and state in this field.

State: Enter the abbreviation of your state or territory in this field. If you are a border commuter from Canada or Mexico, enter your country abbreviation in this field.

ZIP Code: Enter your 5-digit ZIP code. If you are a border commuter from Canada or Mexico, enter your 5- or 6-digit postal code in this field.

Date of Birth: Enter your date of birth as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 1980 as 01/08/1980.

U.S. Social Security Number: Providing your 9-digit Social Security number is voluntary on Form I-9 unless your employer participates in E-Verify. If your employer participates in E-Verify and:

1. You have been issued a Social Security number, you must provide it in this field; or
2. You have applied for, but have not yet received a Social Security number, leave this field blank until you receive a Social Security number.

Employee's E-mail Address (Optional): Providing your e-mail address is optional on Form I-9, but the field cannot be left blank. To enter your e-mail address, use this format: name@site .domain. One reason Department of Homeland Security (DHS) may e-mail you is if your employer uses E-Verify and DHS learns of a potential mismatch between the information provided and the information in government records. This e-mail would contain information on how to begin to resolve the potential mismatch. You may use either your personal or work e-mail address in this field. Enter N/A if you do not enter your e-mail address.

Employee's Telephone Number (Optional): Providing your telephone number is optional on Form I-9, but the field cannot be left blank. If you enter your area code and telephone number, use this format: 000-000-0000. Enter N/A if you do not enter your telephone number.

Attesting to Your Citizenship or Immigration Status

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

1. **A citizen of the United States.**

2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. **A lawful permanent resident**: An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. This term includes conditional residents. Asylees and refugees should not select this status, but should instead select "An Alien authorized to work" below.

   If you select "lawful permanent resident," enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or USCIS Number in the space provided. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work**: An individual who is not a citizen or national of the United States, or a lawful permanent resident, but is authorized to work in the United States.

   If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the document(s) evidencing your employment authorization. Refugees, asylees and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other aliens whose employment authorization does not have an expiration date should enter N/A in the Expiration Date field. In some cases, such as if you have Temporary Protected Status, your employment authorization may have been automatically extended; in these cases, you should enter the expiration date of the automatic extension in this space.

   Aliens authorized to work must enter one of the following to complete Section1:

   1. Alien Registration Number (A-Number)/USCIS Number; or
   2. Form I-94 Admission Number; or
   3. Foreign Passport Number and the Country of Issuance

   Your employer may not ask you to present the document from which you supplied this information.

   Alien Registration Number/USCIS Number: Enter your 7- to 9-digit Alien Registration Number (A-Number), including the "A," or your USCIS Number in this field. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. When completing this field using a computer, use the dropdown provided to indicate whether you have entered an Alien Number or a USCIS Number. If you do not provide an A-Number or USCIS Number, enter N/A in this field then enter either a Form I-94 Admission Number, or a Foreign Passport and Country of Issuance in the fields provided.

   Form I-94 Admission Number: Enter your 11-digit I-94 Admission Number in this field. If you do not provide an I-94 Admission Number, enter N/A in this field, then enter either an Alien Registration Number/USCIS Number or a Foreign Passport Number and Country of Issuance in the fields provided.

   Foreign Passport Number: Enter your Foreign Passport Number in this field. If you do not provide a Foreign Passport Number, enter N/A in this field, then enter either an Alien Number/USCIS Number or a I-94 Admission Number in the fields provided.

   Country of Issuance: If you entered your Foreign Passport Number, enter your Foreign Passport's Country of Issuance. If you did not enter your Foreign Passport Number, enter N/A.

Signature of Employee: After completing Section 1, sign your name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing this form, you attest under penalty of perjury (28 U.S.C. § 1746) that the information you provided, along with the citizenship or immigration status you selected, and all information and documentation you provide to your employer, is complete, true and correct, and you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties, removal proceedings and may adversely affect an employee's ability to seek future immigration benefits. If you cannot sign your name, you may place a mark in this field to indicate your signature. Employees who use a preparer or translator to help them complete the form must still sign or place a mark in the Signature of Employee field on the printed form.

If you used a preparer, translator, and other individual to assist you in completing Form I-9:

- Both you and your preparer(s) and/or translator(s) must complete the appropriate areas of Section 1, and then sign Section 1. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to sign these fields. You and your preparer(s) and/or translator(s) also should review the instructions for **Completing the Preparer and/or Translator Certification** below.
- If the employee is a minor (individual under 18) who cannot present an identity document, the employee's parent or legal guardian can complete Section 1 for the employee and enter "minor under age 18" in the signature field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The minor's parent or legal guardian should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for minors. If the minor's employer participates in E-Verify, the employee must present a list B identity document with a photograph to complete Form I-9
- If the employee is a person with a disability (who is placed in employment by a nonprofit organization, association or as part of a rehabilitation program) who cannot present an identity document, the employee's parent, legal guardian or a representative of the nonprofit organization, association or rehabilitation program can complete Section 1 for the employee and enter "Special Placement" in this field. If Section 1 was completed on a form obtained from the USCIS website, the form must be printed to enter this information. The parent, legal guardian or representative of the nonprofit organization, association or rehabilitation program completing Section 1 for the employee should review the instructions for Completing the Preparer and/or Translator Certification below. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on completion of Form I-9 for certain employees with disabilities.

Today's Date: Enter the date you signed Section 1 in this field. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014. A preparer or translator who assists the employee in completing Section 1 may enter the date the employee signed or made a mark to sign Section 1 in this field. Parents or legal guardians assisting minors (individuals under age 18) and parents, legal guardians or representatives of a nonprofit organization, association or rehabilitation program assisting certain employees with disabilities must enter the date they completed Section 1 for the employee.

Completing the Preparer and/or Translator Certification

If you did not use a preparer or translator to assist you in completing Section 1, you, the employee, must check the box marked **I did not use a Preparer or Translator**. If you check this box, leave the rest of the fields in this area blank.

If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked **"A preparer(s) and/or translator(s) assisted the employee in completing Section 1"** , then select the number of Certification areas needed from the dropdown provided. Any additional Certification areas generated will result in an additional page. Form I-9 Supplement, Section 1 Preparer and/or Translator Certification can be separately downloaded from the USCIS Form I-9 webpage, which provides additional Certification areas for those completing Form I-9 using a computer who need more Certification areas than the 5 provided or those who are completing Form I-9 on paper. The first preparer and/or translator must complete all the fields in the Certification area on the same page the employee has signed. There is no limit to the number of preparers and/or translators an employee can use, but each additional preparer and/or translator must complete and sign a separate Certification area. Ensure the employee's last name, first name and middle initial are entered at the top of any additional pages. The employer must ensure that any additional pages are retained with the employee's completed Form I-9.

Signature of Preparer or Translator: Any person who helped to prepare or translate Section 1of Form I-9 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. The Preparer and/or Translator Certification must also be completed if "Individual under Age 18" or "Special Placement" is entered in lieu of the employee's signature in Section 1.

Today's Date: The person who signs the Preparer and/or Translator Certification must enter the date he or she signs in this field on the printed form. Do not backdate this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Last Name *(Family Name):* Enter the full legal last name of the person who helped the employee in preparing or translating Section 1 in this field. The last name is also the family name or surname. If the preparer or translator has two last names or a hyphenated last name, include both names in this field.

First Name (*Given Name*): Enter the full legal first name of the person who helped the employee in preparing or translating Section 1 in this field. The first name is also the given name.

Address (Street Name and Number): Enter the street name and number of the current address of the residence of the person who helped the employee in preparing or translating Section 1 in this field. Addresses for residences in Canada or Mexico may be entered in this field. If the residence does not have a physical address, enter a description of the location of the residence, such as "3 miles southwest of Anytown post office near water tower." If the residence is an apartment, enter the apartment number in this field.

City or Town: Enter the city, town or village of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the residence is not located in a city, town or village, enter the name of the county, township, reservation, etc., in this field. If the residence is in Canada, enter the city and province in this field. If the residence is in Mexico, enter the city and state in this field.

State: Enter the abbreviation of the state, territory or country of the preparer or translator's residence in this field.

ZIP Code: Enter the 5-digit ZIP code of the residence of the person who helped the employee in preparing or translating Section 1 in this field. If the preparer or translator's residence is in Canada or Mexico, enter the 5- or 6-digit postal code.

Presenting Form I-9 Documents

Within 3 business days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before Thursday of that week. However, if you were hired to work for less than 3 business days, you must present documentation no later than the end of the first day of employment.

Choose which unexpired document(s) to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which document(s) you may present from the Lists of Acceptable Documents. You may present either one selection from List A or a combination of one selection from List B and one selection from List C. Some List A documents, which show both identity and employment authorization, are combination documents that must be presented together to be considered a List A document: for example, the foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status and employment authorization with a specific employer incident to such status. List B documents show identity only and List C documents show employment authorization only. If your employer participates in E-Verify and you present a List B document, the document must contain a photograph. If you present acceptable List A documentation, you should not be asked to present, nor should you provide, List B and List C documentation. If you present acceptable List B and List C documentation, you should not be asked to present, nor should you provide, List A documentation. If you are unable to present a document(s) from these lists, you may be able to present an acceptable receipt. Refer to the Receipts section below.

Your employer must review the document(s) you present to complete Form I-9. If your document(s) reasonably appears to be genuine and to relate to you, your employer must accept the documents. If your document(s) does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documents from the Lists of Acceptable Documents. Your employer may choose to make copies of your document(s), but must return the original(s) to you. Your employer must review your documents in your physical presence.

Your employer will complete the other parts of this form, as well as review your entries in Section 1. Your employer may ask you to correct any errors found. Your employer is responsible for ensuring all parts of Form I-9 are properly completed and is subject to penalties under federal law if the form is not completed correctly.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on minors and certain individuals with disabilities.

Receipts

If you do not have unexpired documentation from the Lists of Acceptable Documents, you may be able to present a receipt(s) in lieu of an acceptable document(s). New employees who choose to present a receipt(s) must do so within three business days of their first day of employment. If your employer is reverifying your employment authorization, and you choose to present a receipt for reverification, you must present the receipt by the date your employment authorization expires. Receipts are not acceptable if employment lasts fewer than three business days.

There are three types of acceptable receipts:

1. A receipt showing that you have applied to replace a document that was lost, stolen or damaged. You must present the actual document within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.
2. The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and a photograph of the individual. You must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of admission.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. You must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security Card within 90 days from the date of hire or, in the case of reverification, within 90 days from the date your original employment authorization expires.

Receipts showing that you have applied for an initial grant of employment authorization, or for renewal of your expiring or expired employment authorization, are not acceptable.

Completing Section 2: Employer or Authorized Representative Review and Verification

You, the employer, must ensure that all parts of Form I-9 are properly completed and may be subject to penalties under federal law if the form is not completed correctly. Section 1 must be completed no later than the end of the employee's first day of employment. You may not ask an individual to complete Section 1 before he or she has accepted a job offer. Before completing Section 2, you should review Section 1 to ensure the employee completed it properly. If you find any errors in Section 1, have the employee make corrections, as necessary and initial and date any corrections made.

You or your authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete Section 2 on or before Thursday of that week. However, if you hire an individual for less than 3 business days, Section 2 must be completed no later than the end of the first day of employment.

Entering Employee Information from Section 1

This area, titled, "Employee Info from Section 1" contains fields to enter the employee's last name, first name, middle initial exactly as he or she entered them in Section 1. This area also includes a Citizenship/Immigration Status field to enter the number of the citizenship or immigration status checkbox the employee selected in Section 1. These fields help to ensure that the two pages of an employee's Form I-9 remain together. When completing Section 2 using a computer, the number entered in the Citizenship/Immigration Status field provides drop-downs that directly relate to the employee's selected citizenship or immigration status.

Entering Documents the Employee Presents

You, the employer or authorized representative, must physically examine, in the employee's physical presence, the unexpired document(s) the employee presents from the Lists of Acceptable Documents to complete the Document fields in Section 2.

You cannot specify which document(s) an employee may present from these lists. If you discriminate in the Form I-9 process based on an individual's citizenship status, immigration status, or national origin, you may be in violation of the law and subject to sanctions such as civil penalties and be required to pay back pay to discrimination victims. A document is acceptable as long as it reasonably appears to be genuine and to relate to the person presenting it. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

List A documents show both identity and employment authorization. Some List A documents are combination documents that must be presented together to be considered a List A document, such as a foreign passport together with a Form I-94 containing an endorsement of the alien's nonimmigrant status.

List B documents show identity only, and List C documents show employment authorization only. If an employee presents a List A document, do not ask or require the employee to present List B and List C documents, and vice versa. If an employer participates in E-Verify and the employee presents a List B document, the List B document must include a photograph.

If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days of the first day of work for pay, or in the case of reverification, within 90 days of the date the employee's employment authorization expired. Enter the word "Receipt" followed by the title of the receipt in Section 2 under the list that relates to the receipt.

When your employee presents the replacement document, draw a line through the receipt, then enter the information from the new document into Section 2. Other receipts may be valid for longer or shorter periods, such as the arrival portion of Form I-94/ I-94A containing a temporary I-551 stamp and a photograph of the individual, which is valid until the expiration date of the temporary I-551 stamp or, if there is no expiration date, valid for one year from the date of admission.

Ensure that each document is an unexpired, original (no photocopies, except for certified copies of birth certificates) document. Certain employees may present an expired employment authorization document, which may be considered unexpired, if the employee's employment authorization has been extended by regulation or a Federal Register Notice. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) or I-9 Central for more guidance on these special situations.

Refer to the M-274 for guidance on how to handle special situations, such as students (who may present additional documents not specified on the Lists) and H-1B and H-2A nonimmigrants changing employers.

Minors (individuals under age 18) and certain employees with disabilities whose parent, legal guardian or representative completed Section 1 for the employee are only required to present an employment authorization document from List C. Refer to the M-274 for more guidance on minors and certain persons with disabilities. If the minor's employer participates in E-Verify, the minor employee also must present a List B identity document with a photograph to complete Form I-9.

You must return original document(s) to the employee, but may make photocopies of the document(s) reviewed. Photocopying documents is voluntary unless you participate in E-Verify. E-Verify employers are only required to photocopy certain documents. If you are an E-Verify employer who chooses to photocopy documents other than those you are required to photocopy, you should apply this policy consistently with respect to Form I-9 completion for all employees. For more information on the types of documents that an employer must photocopy if the employer uses E-Verify, visit E-Verify's website at www.dhs.gov/e-verify. For non-E-Verify employers, if photocopies are made, they should be made consistently for ALL new hires and reverified employees.

Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or another federal government agency. You must always complete Section 2 by reviewing original documentation, even if you photocopy an employee's document(s) after reviewing the documentation. Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. You are still responsible for completing and retaining Form I-9.

List A - Identity and Employment Authorization: If the employee presented an acceptable document(s) from List A or an acceptable receipt for a List A document, enter the document(s) information in this column. If the employee presented a List A document that consists of a combination of documents, enter information from each document in that combination in a separate area under List A as described below. All documents must be unexpired. If you enter document information in the List A column, you should not enter document information in the List B or List C columns. If you complete Section 2 using a computer, a selection in List A will fill all the fields in the Lists B and C columns with N/A.

Document Title: If the employee presented a document from List A, enter the title of the List A document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviation to enter the document title or issuing authority. If the employee presented a combination of documents, use the second and third Document Title fields as necessary.

Full name of List A Document	Abbreviations
U.S. Passport	U.S. Passport
U.S. Passport Card	U.S. Passport Card
Permanent Resident Card (Form I-551)	Perm. Resident Card (Form I-551)
Alien Registration Receipt Card (Form I-551)	Alien Reg.Receipt Card (Form I-551)
Foreign passport containing a temporary I-551 stamp	1. Foreign Passport 2. Temporary I-551 Stamp
Foreign passport containing a temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)	1. Foreign Passport 2. Machine-readable immigrant visa (MRIV)
Employment Authorization Document (Form I-766)	Employment Auth. Document (Form I-766)
For a nonimmigrant alien authorized to work for a specific employer because of his or her status, a foreign passport with Form I/94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Foreign Passport, work-authorized non-immigrant 2. Form I-94/I94A 3. "Form I-20" or "Form DS-2019" Note: In limited circumstances, certain J-1 students may be required to present a letter from their Responsible Officer in order to work. Enter the document title, issuing authority, document number and expiration date from this document in the Additional Information field.
Passport from the Federated States of Micronesia (FSM) with Form I-94/I-94A	1. FSM Passport with Form I-94 2. Form I-94/I94A
Passport from the Republic of the Marshall Islands (RMI) with Form I-94/I94A	1. RMI Passport with Form I-94 2. Form I-94/I94A
Receipt: The arrival portion of Form I-94/I-94A containing a temporary I-551 stamp and photograph	Receipt: Form I-94/I-94A w/I-551 stamp, photo
Receipt: The departure portion of Form I-94/I-94A with an unexpired refugee admission stamp	Receipt: Form I-94/I-94A w/refugee stamp
Receipt for an application to replace a lost, stolen or damaged Permanent Resident Card (Form I-551)	Receipt replacement Perm. Res. Card (Form I-551)
Receipt for an application to replace a lost, stolen or damaged Employment Authorization Document (Form I-766)	Receipt replacement EAD (Form I-766)
Receipt for an application to replace a lost, stolen or damaged foreign passport with Form I-94/I-94A that contains an endorsement of the alien's nonimmigrant status	1. Receipt: Replacement Foreign Passport, work-authorized nonimmigrant 2. Receipt: Replacement Form I-94/I-94A 3. Form I-20 or Form DS-2019, if presented
Receipt for an application to replace a lost, stolen or damaged passport from the Federated States of Micronesia with Form I-94/I-94A	1. Receipt: Replacement FSM Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A
Receipt for an application to replace a lost, stolen or damaged passport from the Republic of the Marshall Islands with Form I-94/I-94A	1. Receipt: Replacement RMI Passport with Form I-94 2. Receipt: Replacement Form I-94/I-94A

Issuing Authority: Enter the issuing authority of the List A document or receipt. The issuing authority is the specific entity that issued the document. If the employee presented a combination of documents, use the second and third Issuing Authority fields as necessary.

Document Number: Enter the document number, if any, of the List A document or receipt presented. If the document does not contain a number, enter N/A in this field. If the employee presented a combination of documents, use the second and third Document Number fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the Student and Exchange Visitor Information System (SEVIS) number in the third Document Number field exactly as it appears on the Form I-20 or the DS-2019.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List A document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. If the document uses text rather than a date to indicate when it expires, enter the text as shown on the document, such as "D/S"(which means, "duration of status"). For a receipt, enter the expiration date of the receipt validity period as described above. If the employee presented a combination of documents, use the second and third Expiration Date fields as necessary. If the document presented was a Form I-20 or DS-2019, enter the program end date here.

List B - Identity: If the employee presented an acceptable document from List B or an acceptable receipt for the application to replace a lost, stolen, or destroyed List B document, enter the document information in this column. If a parent or legal guardian attested to the identity of an employee who is an individual under age 18 or certain employees with disabilities in Section 1, enter either "Individual under age 18" or "Special Placement" in this field. Refer to the Handbook for Employers: Guidance for Completing Form I-9 (M-274) for more guidance on individuals under age 18 and certain person with disabilities.

If you enter document information in the List B column, you must also enter document information in the List C column. If an employee presents acceptable List B and List C documents, do not ask the employees to present a List A document. No entries should be made in the List A column. If you complete Section 2 using a computer, a selection in List B will fill all the fields in the List A column with N/A.

Document Title: If the employee presented a document from List B, enter the title of the List B document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority.

Full name of List B Document	Abbreviations
Driver's license issued by a State or outlying possession of the United States	Driver's license issued by state/territory
ID card issued by a State or outlying possession of the United States	ID card issued by state/territory
ID card issued by federal, state, or local government agencies or entities	Government ID
School ID card with photograph	School ID
Voter's registration card	Voter registration card
U.S. Military card	U.S. Military card
U.S. Military draft record	U.S. Military draft record
Military dependent's ID card	Military dependent's ID card
U.S. Coast Guard Merchant Mariner Card	USCG Merchant Mariner card
Native American tribal document	Native American tribal document
Driver's license issued by a Canadian government authority	Canadian driver's license
School record (for persons under age 18 who are unable to present a document listed above)	School record (under age 18)
Report card (for persons under age 18 who are unable to present a document listed above)	Report Card (under age 18)
Clinic record (for persons under age 18 who are unable to present a document listed above)	Clinic record (under age 18)
Doctor record (for persons under age 18 who are unable to present a document listed above)	Doctor record (under age 18)
Hospital record (for persons under age 18 who are unable to present a document listed above)	Hospital record (under age 18)
Day-care record (for persons under age 18 who are unable to present a document listed above)	Day-care record (under age 18)
Nursery school record (for persons under age 18 who are unable to present a document listed above)	Nursery school record (under age 18)

Full name of List B Document	Abbreviations
Individual under age 18 endorsement by parent or guardian	Individual under Age 18
Special placement endorsement for persons with disabilities	Special Placement
Receipt for the application to replace a lost, stolen or damaged Driver's License issued by a State or outlying possession of the United States	Receipt: Replacement driver's license
Receipt for the application to replace a lost, stolen or damaged ID card issued by a State or outlying possession of the United States	Receipt: Replacement ID card
Receipt for the application to replace a lost, stolen or damaged ID card issued by federal, state, or local government agencies or entities	Receipt: Replacement Gov't ID
Receipt for the application to replace a lost, stolen or damaged School ID card with photograph	Receipt: Replacement School ID
Receipt for the application to replace a lost, stolen or damaged Voter's registration card	Receipt: Replacement Voter reg. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military card	Receipt: Replacement U.S. Military card
Receipt for the application to replace a lost, stolen or damaged Military dependent's ID card	Receipt: Replacement U.S. Military dep. card
Receipt for the application to replace a lost, stolen or damaged U.S. Military draft record	Receipt: Replacement Military draft record
Receipt for the application to replace a lost, stolen or damaged U.S. Coast Guard Merchant Mariner Card	Receipt: Replacement Merchant Mariner card
Receipt for the application to replace a lost, stolen or damaged Driver's license issued by a Canadian government authority	Receipt: Replacement Canadian DL
Receipt for the application to replace a lost, stolen or damaged Native American tribal document	Receipt: Replacement Native American tribal doc
Receipt for the application to replace a lost, stolen or damaged School record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement School record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Report card (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Report card (under age 18)
Receipt for the application to replace a lost, stolen or damaged Clinic record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Clinic record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Doctor record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Doctor record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Hospital record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Hospital record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Day-care record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Day-care record (under age 18)
Receipt for the application to replace a lost, stolen or damaged Nursery school record (for persons under age 18 who are unable to present a document listed above)	Receipt: Replacement Nursery school record (under age 18)

Issuing Authority: Enter the issuing authority of the List B document or receipt. The issuing authority is the entity that issued the document. If the employee presented a document that is issued by a state agency, include the state as part of the issuing authority.

Document Number: Enter the document number, if any, of the List B document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List B document. The document is not acceptable if it has already expired. If the document does not contain an expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

List C - Employment Authorization: If the employee presented an acceptable document from List C, or an acceptable receipt for the application to replace a lost, stolen, or destroyed List C document, enter the document information in this column. If you enter document information in the List C column, you must also enter document information in the List B column. If an employee presents acceptable List B and List C documents, do not ask the employee to present a list A document. No entries should be made in the List A column.

Document Title: If the employee presented a document from List C, enter the title of the List C document or receipt in this field. The abbreviations provided are available in the dropdown when the form is completed on a computer. When completing the form on paper, you may choose to use these abbreviations or any other common abbreviations to document the document title or issuing authority. If you are completing the form on a computer, and you select an Employment authorization document issued by DHS, the field will populate with List C#8 and provide a space for you to enter a description of the documentation the employee presented. Refer to the M-274 for guidance on entering List C #8 documentation.

Full name of List C Document	Abbreviations
Social Security Account Number card without restrictions	(Unrestricted) Social Security Card
Certification of Birth Abroad (Form FS-545)	Form FS-545
Certification of Report of Birth (Form DS-1350)	Form DS-1350
Original or certified copy of a U.S. birth certificate bearing an official seal	Birth Certificate
Native American tribal document	Native American tribal document
U.S. Citizen ID Card (From I-197)	Form I-197
Identification Card for use of Resident Citizen in the United States (Form I-179)	Form I-179
Employment authorization document issued by DHS (List C #8)	Employment Auth. document (DHS) List C #8
Receipt for the application to replace a lost, stolen or damaged Social Security Account Number Card without restrictions	Receipt: Replacement Unrestricted SS Card
Receipt for the application to replace a lost, stolen or damaged Original or certified copy of a U.S. birth certificate bearing an official seal	Receipt: Replacement Birth Certificate
Receipt for the application to replace a lost, stolen or damaged Native American Tribal Document	Receipt: Replacement Native American Tribal Doc.
Receipt for the application to replace a lost, stolen or damaged Employment Authorization Document issued by DHS	Receipt: Replacement Employment Auth. Doc. (DHS)

Issuing Authority: Enter the issuing authority of the List C document or receipt. The issuing authority is the entity that issued the document.

Document Number: Enter the document number, if any, of the List C document or receipt exactly as it appears on the document. If the document does not contain a number, enter N/A in this field.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the List C document. The document is not acceptable if it has already expired, unless USCIS has extended the expiration date on the document. For instance, if a conditional resident presents a Form I-797 extending his or her conditional resident status with the employee's expired Form I-551, enter the future expiration date as indicated on the Form I-797. If the document has no expiration date, enter N/A in this field. For a receipt, enter the expiration date of the receipt validity period as described in the Receipt section above.

Additional Information: Use this space to notate any additional information required for Form I-9 such as:

- Employment authorization extensions for Temporary Protected Status beneficiaries, F-1 OPT STEM students, CAP-GAP, H-1B and H-2A employees continuing employment with the same employer or changing employers, and other nonimmigrant categories that may receive extensions of stay
- Additional document(s) that certain nonimmigrant employees may present
- Discrepancies that E-Verify employers must notate when participating in the IMAGE program
- Employee termination dates and form retention dates
- E-Verify case number, which may also be entered in the margin or attached as a separate sheet per E-Verify requirements and your chosen business process.
- Any other comments or notations necessary for the employer's business process

You may leave this field blank if the employee's circumstances do not require additional notations.

Entering Information in the Employer Certification

Employee's First Day of Employment: Enter the employee's first day of employment as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy).

Signature of Employer or Authorized Representative: Review the form for accuracy and completeness. The person who physically examines the employee's original document(s) and completes Section 2 must sign his or her name in this field. If you used a form obtained from the USCIS website, you must print the form to sign your name in this field. By signing Section 2, you attest under penalty of perjury (28 U.S.C. § 1746) that you have physically examined the documents presented by the employee, the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 2 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who signs Section 2 must enter the date he or she signed Section 2 in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print the form to write the date in this field. Enter the date as a 2-digit month, 2-digit day and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Title of Employer or Authorized Representative: Enter the title, position or role of the person who physically examines the employee's original document(s), completes and signs Section 2.

Last Name of the Employer or Authorized Representative: Enter the full legal last name of the person who physically examines the employee's original documents, completes and signs Section 2. Last name refers to family name or surname. If the person has two last names or a hyphenated last name, include both names in this field.

First Name of the Employer or Authorized Representative: Enter the full legal first name of the person who physically examines the employee's original documents, completes, and signs Section 2. First name refers to the given name.

Employer's Business or Organization Name: Enter the name of the employer's business or organization in this field.

Employer's Business or Organization Address (Street Name and Number): Enter an actual, physical address of the employer. If your company has multiple locations, use the most appropriate address that identifies the location of the employer. Do not provide a P.O. Box address.

City or Town: Enter the city or town for the employer's business or organization address. If the location is not a city or town, you may enter the name of the village, county, township, reservation, etc. that applies.

State: Enter the two-character abbreviation of the state for the employer's business or organization address.

ZIP Code: Enter the 5-digit ZIP code for the employer's business or organization address.

Completing Section 3: Reverification and Rehires

Section 3 applies to both reverification and rehires. When completing this section, you must also complete the Last Name, First Name and Middle Initial fields in the Employee Info from Section 1 area at the top of Section 2, leaving the Citizenship/ Immigration Status field blank. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the new name in Block A.

Reverification

Reverification in Section 3 must be completed prior to the earlier of:

- The expiration date, if any, of the employment authorization stated in Section 1, or
- The expiration date, if any, of the List A or List C employment authorization document recorded in Section 2 (with some exceptions listed below).

Some employees may have entered "N/A" in the expiration date field in Section 1 if they are aliens whose employment authorization does not expire, e.g. asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau. Reverification does not apply for such employees unless they choose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

You should not reverify U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551). Reverification does not apply to List B documents.

For reverification, an employee must present an unexpired document(s) (or a receipt) from either List A or List C showing he or she is still authorized to work. You CANNOT require the employee to present a particular document from List A or List C. The employee is also not required to show the same type of document that he or she presented previously. See specific instructions on how to complete Section 3 below.

Rehires

If you rehire an employee within three years from the date that the Form I-9 was previously executed, you may either rely on the employee's previously executed Form I-9 or complete a new Form I-9.

If you choose to rely on a previously completed Form I-9, follow these guidelines.

- If the employee remains employment authorized as indicated on the previously executed Form I-9, the employee does not need to provide any additional documentation. Provide in Section 3 the employee's rehire date, any name changes if applicable, and sign and date the form.
- If the previously executed Form I-9 indicates that the employee's employment authorization from Section 1 or employment authorization documentation from Section 2 that is subject to reverification has expired, then reverification of employment authorization is required in Section 3 in addition to providing the rehire date. If the previously executed Form I-9 is not the current version of the form, you must complete Section 3 on the current version of the form.
- If you already used Section 3 of the employee's previously executed Form I-9, but are rehiring the employee within three years of the original execution of Form I-9, you may complete Section 3 on a new Form I-9 and attach it to the previously executed form.

Employees rehired after three years of original execution of the Form I-9 must complete a new Form I-9.

Complete each block in Section 3 as follows:

Block A - New Name: If an employee who is being reverified or rehired has also changed his or her name since originally completing Section 1 of this form, complete this block with the employee's new name. Enter only the part of the name that has changed, for example: if the employee changed only his or her last name, enter the last name in the Last Name field in this Block, then enter N/A in the First Name and Middle Initial fields. If the employee has not changed his or her name, enter N/A in each field of Block A.

Block B - Date of Rehire: Complete this block if you are rehiring an employee within three years of the date Form I-9 was originally executed. Enter the date of rehire in this field. Enter N/A in this field if the employee is not being rehired.

Block C - Complete this block if you are reverifying expiring or expired employment authorization or employment authorization documentation of a current or rehired employee. Enter the information from the List A or List C document(s) (or receipt) that the employee presented to reverify his or her employment authorization. All documents must be unexpired.

Document Title: Enter the title of the List A or C document (or receipt) the employee has presented to show continuing employment authorization in this field.

Document Number: Enter the document number, if any, of the document you entered in the Document Title field exactly as it appears on the document. Enter N/A if the document does not have a number.

Expiration Date (if any) (mm/dd/yyyy): Enter the expiration date, if any, of the document you entered in the Document Title field as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). If the document does not contain an expiration date, enter N/A in this field.

Signature of Employer or Authorized Representative: The person who completes Section 3 must sign in this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to sign your name in this field. By signing Section 3, you attest under penalty of perjury (28 U.S.C. §1746) that you have examined the documents presented by the employee, that the document(s) reasonably appear to be genuine and to relate to the employee named, that to the best of your knowledge the employee is authorized to work in the United States, that the information you entered in Section 3 is complete, true and correct to the best of your knowledge, and that you are aware that you may face severe penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing this form.

Today's Date: The person who completes Section 3 must enter the date Section 3 was completed and signed in this field. Do not backdate this field. If you used a form obtained from the USCIS website, you must print Section 3 of the form to enter the date in this field. Enter the date as a 2-digit month, 2-digit day, and 4-digit year (mm/dd/yyyy). For example, enter January 8, 2014 as 01/08/2014.

Name of Employer or Authorized Representative: The person who completed, signed and dated Section 3 must enter his or her name in this field.

What is the Filing Fee?

There is no 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 "USCIS Privacy Act Statement" below.

USCIS Forms and Information

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

You can also obtain information about Form I-9 by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

You may download and obtain the English and Spanish versions of Form I-9, the *Handbook for Employers*, or the instructions to Form I-9 from the USCIS website at https://www.uscis.gov/i-9. To complete Form I-9 on a computer, you will need the latest version of Adobe Reader, which can be downloaded for free at http://get.adobe.com/reader/. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283 or 1-800-767-1833 (TTY).

Information about E-Verify, a fast, free, internet-based system that allows businesses to determine the eligibility of their employees to work in the United States, can be obtained from the USCIS website at http://www.uscis.gov/e-verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218 or 1-877-875-6028 (TTY).

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781 or 1-877-875-6028 (TTY).

Photocopying Blank and Completed Forms I-9 and Retaining Completed Forms I-9

Employers may photocopy or print blank Forms I-9 for future use. All pages of the instructions and Lists of Acceptable Documents must be available, either in print or electronically, to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer and for a specified period after employment has ended. Employers are required to retain the pages of the form on which the employee and employer entered data. If copies of documentation presented by the employee are made, those copies must also be retained. Once the individual's employment ends, the employer must retain this form and attachments for either 3 years after the date of hire (i.e., first day of work for pay) or 1 year after the date employment ended, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is 3 years after the date of hire (i.e., first day of work for pay).

Forms I-9 obtained from the USCIS website that are not printed and signed manually (by hand) are not considered complete. In the event of an inspection, retaining incomplete forms may make you subject to fines and penalties associated with incomplete forms.

Employers should ensure that information employees provide on Form I-9 is used only for Form I-9 purposes. Completed Forms I-9 and all accompanying documents should be stored in a safe, secure location.

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

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC § 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire 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.

DISCLOSURE: Providing the information collected by this form is voluntary. However an employer should not continue to employ an individual without a completed form. Failure of the employer to prepare and/or ensure proper completion of this form for each employee hired in the United States after November 6, 1986 or in the Commonwealth of the Mariana Islands after November 27, 2011, may subject the employer to civil and/or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer must retain this form for the required period and make it 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.

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 35 minutes per response, when completing the form manually, and 26 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

►**START HERE:** **Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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	Other Last Names Used *(if any)*

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

Date of Birth *(mm/dd/yyyy)*	U.S. Social Security Number	Employee's E-mail Address	Employee's Telephone Number
	☐☐☐ - ☐☐ - ☐☐☐☐		

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 boxes):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____
Some aliens may write "N/A" in the expiration date field. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____
OR
2. Form I-94 Admission Number: _____
OR
3. Foreign Passport Number: _____
Country of Issuance: _____

QR Code - Section 1
Do Not Write In This Space

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

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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	Today's Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

List A Identity and Employment Authorization	**OR**	**List B** Identity	**AND**	**List C** Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*		Expiration Date *(if any)(mm/dd/yyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any)(mm/dd/yyyy)*				

Additional Information

QR Code - Sections 2 & 3
Do Not Write In This Space

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment *(mm/dd/yyyy)*: _____ ***(See instructions for exemptions)***

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

Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name)	City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date *(if any)* *(mm/dd/yyyy)*

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

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

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, 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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** Native American tribal document
		6. Military dependent's ID card		**6.** U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		**8.** Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

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

Refer to the instructions for more information about acceptable receipts.

MI-W4

(Rev. 8-08)

EMPLOYEE'S MICHIGAN WITHHOLDING EXEMPTION CERTIFICATE
STATE OF MICHIGAN - DEPARTMENT OF TREASURY

This certificate is for Michigan income tax withholding purposes only. You must file a revised form within 10 days if your exemptions decrease or your residency status changes from nonresident to resident. Read instructions below before completing this form.

Issued under P.A. 281 of 1967.

▶ 1. Social Security Number	▶ 2. Date of Birth

▶ 3. Type or Print Your First Name, Middle Initial and Last Name	4. Driver License Number

Home Address (No., Street, P.O. Box or Rural Route)	▶ 5. Are you a new employee? ☐ Yes If Yes, enter date of hire . . . . ☐ No

City or Town	State	ZIP Code

6. Enter the number of personal and dependent exemptions you are claiming ..... ▶ 6.

7. Additional amount you want deducted from each pay (if employer agrees) ..... 7. $ .00

8. I claim exemption from withholding because (does not apply to nonresident members of flow-through entities - see instructions):
   - a. ☐ A Michigan income tax liability is not expected this year.
   - b. ☐ Wages are exempt from withholding. Explain: _____
   - c. ☐ Permanent home (domicile) is located in the following Renaissance Zone: _____

EMPLOYEE:
If you fail or refuse to file this form, your employer must withhold Michigan income tax from your wages without allowance for any exemptions. Keep a copy of this form for your records.

INSTRUCTIONS TO EMPLOYER:
Employers must report all new hires to the State of Michigan. Keep a copy of this certificate with your records. If the employee claims 10 or more personal and dependent exemptions or claims a status exempting the employee from withholding, you must file their original MI-W4 form with the Michigan Department of Treasury. Mail to: New Hire Operations Center, P.O. Box 85010; Lansing, MI 48908-5010.

Under penalty of perjury, I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming exemption from withholding, I certify that I anticipate that I will not incur a Michigan income tax liability for this year.

9. Employee's Signature	▶ Date

Employer: Complete lines 10 and 11 before sending to the Michigan Department of Treasury.

10. Employer's Name, Address, Phone No. and Name of Contact Person

▶ 11. Federal Employer Identification Number

INSTRUCTIONS TO EMPLOYEE

You must submit a Michigan withholding exemption certificate (form MI-W4) to your employer on or before the date that employment begins. If you fail or refuse to submit this certificate, your employer must withhold tax from your compensation without allowance for any exemptions. Your employer is required to notify the Michigan Department of Treasury if you have claimed 10 or more personal and dependent exemptions or claimed a status which exempts you from withholding.

You MUST file a new MI-W4 within 10 days if your residency status changes or if your exemptions decrease because: a) your spouse, for whom you have been claiming an exemption, is divorced or legally separated from you or claims his/her own exemption(s) on a separate certificate, or b) a dependent must be dropped for federal purposes.

Line 5: If you check "Yes," enter your date of hire (mo/day/year).

Line 6: Personal and dependent exemptions. The total number of exemptions you claim on the MI-W4 may not exceed the number of exemptions you are entitled to claim when you file your Michigan individual income tax return.

If you are married and you and your spouse are both employed, you both may not claim the same exemptions with each of your employers.

If you hold more than one job, you may not claim the same exemptions with more than one employer. If you claim the same exemptions at more than one job, your tax will be under withheld.

Line 7: You may designate additional withholding if you expect to owe more than the amount withheld.

Line 8: You may claim exemption from Michigan income tax withholding ONLY if you do not anticipate a Michigan income tax liability for the current year because all of the following exist: a) your employment is less than full time, b) your personal and dependent exemption allowance exceeds your annual compensation, c) you claimed exemption from federal withholding, d) you did not incur a Michigan income tax liability for the previous year. You may also claim exemption if your permanent home (domicile) is located in a Renaissance Zone. Members of flow-through entities may not claim exemption from nonresident flow-through withholding. For more information on Renaissance Zones call the Michigan Tele-Help System, 1-800-827-4000. Full-time students that do not satisfy all of the above requirements cannot claim exempt status.

Web Site
Visit the Treasury Web site at:
www.michigan.gov/businesstax

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than $1,000,000.

Basic instructions. If you aren't 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 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A
B	Enter "1" if: • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.	B
C	Enter "1" for your **spouse.** 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.)	C
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above)	E
F	Enter "1" if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit (**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	**Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than $70,000 ($100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children. • If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.	G
H	Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶	H

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **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.**

OMB No. 1545-0074

2017

1 Your first name and middle initial	Last name	2 **Your social security number**
Home address (number and street or rural route)	3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. **Note:** 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.** ▶ ☐	
5 Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2)		5
6 Additional amount, if any, you want withheld from each paycheck		6 $
7 I claim exemption from withholding for 2017, 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

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.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over $313,800 and you're married filing jointly or you're a qualifying widow(er); $287,650 if you're head of household; $261,500 if you're single, not head of household and not a qualifying widow(er); or $156,900 if you're married filing separately. See Pub. 505 for details	1	$
2	Enter: { $12,700 if married filing jointly or qualifying widow(er); $9,350 if head of household; $6,350 if single or married filing separately }	2	$
3	**Subtract** line 2 from line 1. If zero or less, enter "-0-"	3	$
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	$
5	**Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.)	5	$
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	$
7	**Subtract** line 6 from line 5. If zero or less, enter "-0-"	7	$
8	**Divide** the amount on line 7 by $4,050 and enter the result here. Drop any fraction	8	
9	Enter the number from the **Personal Allowances Worksheet,** line H, page 1	9	
10	**Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,** also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1	10	

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.

1	Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)	1	
2	Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3"	2	
3	If line 1 is **more than or equal to** 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. **Do not** use the rest of this worksheet	3	

Note: If line 1 is **less than** 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.

4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	**Subtract** line 5 from line 4	6	
7	Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here	7	$
8	**Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	$
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	$

Table 1

Married Filing Jointly		All Others	
If wages from **LOWEST** paying job are—	Enter on line 2 above	If wages from **LOWEST** paying job are—	Enter on line 2 above
$0 - $7,000	0	$0 - $8,000	0
7,001 - 14,000	1	8,001 - 16,000	1
14,001 - 22,000	2	16,001 - 26,000	2
22,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 70,000	5
44,001 - 55,000	6	70,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 95,000	10	140,001 and over	10
95,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from **HIGHEST** paying job are—	Enter on line 7 above	If wages from **HIGHEST** paying job are—	Enter on line 7 above
$0 - $75,000	$610	$0 - $38,000	$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

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.

Payroll Authorization for Direct Deposit of Salary

(Please type or print)

NEW ☐	CHANGE ☐	CANCELLATION ☐

Social Security Number:	Employee ID Number:	Name (Last, First, M.I.)
Building Name: (Select from below) :		Department/Phone Number:
Name of Financial Institution:		Bank Account Number:
Complete Address of Financial Institution: Street, City, State and Zip:		

Type of Account

CHECKING ☐	SAVINGS ☐
Attach Voided Check	***Insert Bank Routing Number***

AUTHORIZATION ☐

I authorize my employer, L'Anse Creuse Public Schools, to deposit my entire pay automatically to a designated financial institution and account, as listed above, each pay period.

This authority will remain in effect until I have changed it in writing. I also understand that the enrollment/changes authorized will become effective with the first pay period possible based on the processing time.

CANCELLATION ☐

I hereby cancel the authorization for deposit of my salary by electronic transfer.

Signature:	Date:

Please print, sign, and send the completed form to the Payroll Department

Payroll Use Only:

Entered by:	Date:
Transit Routing Number:	

Rev. August 2011

New Hire Retirement Plan Election

Michigan Public School Employees Retirement System

For public school employees who first work on or after September 4, 2012

Welcome to the Michigan Public School Employees Retirement System:

Public Act 300 of 2012, gives you a choice between two retirement plans: the **Defined Contribution (DC)** plan and a **Pension Plus** plan. The Defined Contribution (DC) plan provides a savings component in the form of a tax-deferred investment account with a 50 percent employer match (up to 3 percent of salary) on employee contributions. The Pension Plus plan is a hybrid plan that contains a pension component with an employee contribution (graded, up to 6.4 percent of salary) and a savings component consisting of a tax-deferred investment account with an employer match of 50 percent (up to 1 percent of salary) on employee contributions.

As a new employee you were automatically enrolled in the Pension Plus plan as of your date of employment and you began making contributions to your pension plan and a 2 percent contribution to your retirement account (earning you a one percent employer match). You have 75 calendar days from your first payroll date to elect to opt out of the Pension Plus plan and become a participant in the DC plan; if no election is made you will remain a member of the Pension Plus plan. If you elect to opt out of the Pension Plus plan, you will become a participant in the DC plan, retroactive to your date of employment; and you would be automatically enrolled in a 6 percent employee contribution earning you a 3 percent employer match. Previous contributions made by you and your employer will be reconciled and deposited to your DC plan.

Make your retirement plan election within ***75 calendar days of your first payroll date*** *(the last day of the first pay period as reported by your employer to ORS).*

Your election is irrevocable. Carefully review the attached information. To submit your election, complete form R0940C (attached) and return it to your employer within 75 calendar days of your first payroll date.

There are no extensions. If you do not make an election within 75 calendar days from your first payroll date you will remain a member of the Pension Plus plan.

Your retiree healthcare benefit

Your retirement plan election has no bearing on your retiree healthcare benefit. As a public school employee who first worked on or after September 4, 2012, you will be placed into the **Personal Healthcare Fund (PHF)**, a portable, tax-deferred investment account that can be used to pay for healthcare expenses in retirement. As a participant in the PHF, you will be automatically enrolled in a 2 percent employee contribution earning you a 2 percent employer match. These contributions began immediately upon your date of employment and are in addition to whatever retirement plan contributions you may elect.

In addition, as a participant in the PHF, after 10 years of service you become eligible to receive a credit into a Health Reimbursement Account (HRA) when you terminate employment. The credit will be $2,000 if you are at least 60 years of age at termination or $1,000 if you are less than 60 years of age at termination.

ORS has partnered with Voya Financial® to provide the savings components of the retirement plans and the Personal Healthcare Fund. Contact them with any questions you may have at (800) 748-6128, 8:00 a.m. – 8:00 p.m., Monday – Friday, EST.

Sincerely,
Office of Retirement Services

Department of Technology, Management, & Budget
Office of Retirement Services
www.michigan.gov/ors (800) 381-5111
P.O. Box 30171
Lansing, MI 48909-7671

New Hire Retirement Plan Election

Michigan Public School Employees Retirement System

For new hires who first work on or after September 4, 2012. *As a new employee under the Michigan Public School Employees Retirement System (MPSERS), you have 75 calendar days from your first payroll date (the last day of the first payroll period reported to ORS) to make your retirement plan election. If you do not make an election, you will become a member in the Pension Plus plan.*

Section I: Personal Information *(Please print.)*

MEMBER NAME (LAST, FIRST, M.I.)		LAST FOUR OF SSN XXX-XX-
MAILING ADDRESS		EMPLOYER (REPORTING UNIT NAME)
CITY, STATE, ZIP	PHONE: HOME OR CELL ( )	REPORTING UNIT NUMBER
EMAIL ADDRESS	WORK PHONE ( )	FIRST PAYROLL DATE

Section II: Retirement Plan Selection

Please read the information included with this form carefully before choosing your option! Your retirement plan election is irrevocable.

☐ **Option 1: Defined Contribution.** I voluntarily choose to not become a member in the MPSERS Pension Plus plan and to become only a participant in the MPSERS DC plan that provides a 50 percent employer match (not to exceed 3 percent of salary) on voluntary employee contributions of up to 6 percent of salary. I understand that retroactive to my date of employment, I will be treated as having been automatically enrolled for a 6 percent employee contribution to my account in the DC 457 plan, which qualifies me for a 3 percent employer match paid into my account in the DC 401(k) plan. I understand that previous employer and employee contributions will be reconciled and deposited to the DC plan.

☐ **Option 2: Pension Plus.** I voluntarily choose to become a member of the MPSERS Pension Plus plan. I understand that the Pension Plus plan is a hybrid plan that contains a pension component with a mandatory employee contribution (graded, up to 6.4 percent of salary) and a MPSERS Defined Contribution (DC) plan component that provides an employer match of 50 percent (not to exceed 1 percent of salary) on voluntary employee contributions of up to 2 percent of salary. I understand that retroactive to my date of employment, I will be treated as having been automatically enrolled for a 2 percent employee contribution to my account in the DC 457 plan, which qualifies me for a 1 percent employer match paid into my account in the DC 401(k) plan.

Section III: Plan Selection Approval *(Signature required.)*

I acknowledge that my election is based on my individual circumstances. I understand that this election is based on current federal and state law, which takes precedence over any contrary information contained in this election form, and that those federal and state laws may change in the future and have an impact on the election I have made. I understand that each option has pluses and minuses for my situation. I further understand that I may change the automatic enrollment for either DC plan and elect a different contribution percentage, on a prospective basis only. With these understandings, I voluntarily agree to this election.

MEMBER'S SIGNATURE	DATE

New Employee: Return this completed and signed form to your employer as soon as possible but no later than 75 calendar days from your first payroll date ***(the last day of the first payroll period reported to ORS).***

Employer: Fax the completed and signed form within 5 days of the employee's signature date to Office of Retirement Services, Attn: Employer Reporting, (517) 322-5190.

R0940C (Rev. 4/2015)
Authority: 1980 PA 300, as amended

New Hire Retirement Plan Election
Plan Choices Overview & Things to Consider

Michigan Public School Employees Retirement System

You have 75 days to choose your retirement plan

Welcome to the Michigan Public School Employees Retirement System. When you began public school employment, you were automatically enrolled in the Pension Plus plan. You have 75 calendar days from your first payroll date to elect between two retirement plans: the **Pension Plus** plan and the **Defined Contribution** (DC) plan (first payroll date is the last day of your first pay period as reported by your employer to ORS). If you don't make your plan election before the deadline, you will remain a member of the Pension Plus plan. Your decision is irrevocable.

Your two retirement plan choices

1. The **Pension Plus** plan offers two types of retirement plans in one: a **pension component** (a pension), and a portable **savings component** (a retirement investment account combining your employee and employer contributions). This option provides you a lifetime benefit through the pension component once you meet age and service requirements, and enrolls you in a tax-deferred investment account through the savings component to help you enhance your savings for retirement.
2. The **Defined Contribution** (DC) plan is a portable, tax-deferred retirement plan made up of a portable **savings component** (a retirement investment account combining your employee and employer contributions). This option is an investment plan which can help you build your future retirement income.

Healthcare

Regardless of your retirement plan choice, if you first worked for a Michigan public school on or after September 4, 2012, you are enrolled in the **Personal Healthcare Fund** (PHF) to help pay your healthcare expenses in retirement. This feature provides an additional employer match into your investment account throughout your career (part of the **savings component**), and a Health Reimbursement Account (HRA) at termination if you meet eligibility requirements.

Deciding which plan is best for you

Use the information on the following pages to help you understand the features of each plan. Discuss your retirement goals with your family and compare each retirement plan option with your unique goals. If necessary, you may want to consult a financial planner for help making this decision. Remember, your decision is irrevocable.

Plan choices overview

Use this information to help understand each plan's features. Note: The Pension Plus plan combines a **pension component**, a **savings component**, and the **Personal Healthcare Fund**. The Defined Contribution (DC) plan combines a **savings component** and the **Personal Healthcare Fund**.

<table>
<tr><th></th><th>Pension Plus</th><th>Defined Contribution (DC)</th></tr>
<tr><td>Plan Features</td><td>Pension (pension component): You'll receive a guaranteed monthly pension for life after vesting in this portion of the plan.

Investment Account (savings component): You'll receive your employee and employer contributions and any related earnings, subject to vesting and distribution rules.

Personal Healthcare Fund: You'll receive your employee and employer contributions and any related earnings, subject to vesting and withdrawal rules, and a $1,000 or $2,000 credit into an HRA at termination if you meet eligibility requirements (amount depends on age at termination).</td><td>Investment Account (savings component): You'll receive your employee and employer contributions and any related earnings, subject to vesting and distribution rules.

Personal Healthcare Fund: You'll receive your employee and employer contributions and any related earnings, subject to vesting and withdrawal rules, and a $1,000 or $2,000 credit into an HRA at termination if you meet eligibility requirements (amount depends on age at termination).</td></tr>
<tr><td>When will you receive retirement benefits?</td><td>Pension: At age 60 with 10 or more years of service.

Savings/Personal Healthcare Fund: Your employee contributions are invested into a 457 account and your employer contributions are invested into a 401(k) account. These accounts have specific rules for when withdrawals can be taken. 457 Account: The earliest you could begin withdrawing funds from your 457 account is 30 days after you terminate your Michigan public school employment. The IRS premature distribution penalty tax doesn't apply to amounts you contribute to the 457 account, but may apply to amounts you rollover to the account from other non-457 plans. 401(k) Account: Withdrawals may be made from this account beginning at age 59-1/2 or 30 days after you terminate your Michigan public school employment. An IRS premature distribution penalty tax will apply to distributions taken prior to age 59-1/2 unless you meet an IRS exception. HRA: At termination with 10 or more years of service.</td><td>Savings/Personal Healthcare Fund: Your employee contributions are invested into a 457 account and your employer contributions are invested into a 401(k) account. These accounts have specific rules for when withdrawals can be taken. 457 Account: The earliest you could begin withdrawing funds from your 457 account is 30 days after you terminate your Michigan public school employment. The IRS premature distribution penalty tax doesn't apply to amounts you contribute to the 457 account, but may apply to amounts you rollover to the account from other non-457 plans. 401(k) Account: Withdrawals may be made from this account beginning at age 59-1/2 or 30 days after you terminate your Michigan public school employment. An IRS premature distribution penalty tax will apply to distributions taken prior to age 59-1/2 unless you meet an IRS exception. HRA: At termination with 10 or more years of service.</td></tr>
<tr><td>How much will you contribute?</td><td>Pension: You contribute to the pension component based on the following:
<table><tr><th>Your Compensation</th><th>Your Contribution Rate</th></tr><tr><td>$0 - $5,000</td><td>3% (up to $150 total)</td></tr><tr><td>$5,000.01 - $15,000</td><td>3.6% on compensation above $5,000 (up to $510 total)</td></tr><tr><td>$15,000.01 and over</td><td>6.4% on compensation above $15,000</td></tr></table>Savings: You will automatically begin contributing 2 percent of your pay. You can change this amount at any time but you won't get the full employer match unless you contribute at least 2 percent.

Personal Healthcare Fund: You will automatically begin contributing an additional 2 percent to the Personal Healthcare Fund. You can change this amount at any time but you won't get the full employer match unless you contribute at least the additional 2 percent.</td><td>Savings: You will automatically begin contributing 6 percent of your pay retroactive to your date of employment. You can change this amount at any time but you won't get the full employer match unless you contribute at least 6 percent.

Personal Healthcare Fund: You will automatically begin contributing an additional 2 percent to the Personal Healthcare Fund. You can change this amount at any time but you won't get the full employer match unless you contribute at least the additional 2 percent.</td></tr>
</table>

	Pension Plus	Defined Contribution (DC)
How much will your employer contribute?	**Savings**: Your employer will match 50 percent of your contributions up to 1 percent of salary. **Personal Healthcare Fund**: Your employer will match up to an additional 2 percent if you contribute up to 2 percent on top of your contributions to the savings component. This employer match is not available for plan loans.	**Savings**: Your employer will match 50 percent of your contributions up to 3 percent of salary. **Personal Healthcare Fund**: Your employer will match up to an additional 2 percent if you contribute up to 2 percent on top of your contributions to the savings component. This employer match is not available for plan loans.
What happens if you leave public school employment?	**Pension**: If you leave public school employment and begin working for an employer not part of the Michigan Public School Employees Retirement System, you cannot take your pension account with you. If you vest in the pension plan, you're guaranteed a pension benefit once you reach eligibility. However, if you leave before vesting, you may request a refund of your pension contributions with interest but you will forfeit all corresponding service credit in the plan. **Savings/Personal Healthcare Fund**: If you stop working or change employers before you retire, you can take a distribution of your savings component benefits (including the employee contribution, vested employer match, and related earnings to the Personal Healthcare Fund); distributions are subject to IRS premature distribution penalty taxes if applicable. However, you can choose to postpone the payment of benefits until a later date and leave your benefits to accumulate. In certain situations, you may also be eligible to rollover your benefits to another eligible retirement investment account or IRA. If you leave public school employment before you're 100 percent vested in your employer's contributions to your retirement investment account, the non-vested portion will be removed from your account and will not be included in future statement balances.	**Savings/Personal Healthcare Fund**: If you stop working or change employers before you retire, you can take a distribution of your savings component benefits (including the employee contribution, vested employer match, and related earnings to the Personal Healthcare Fund); distributions are subject to IRS premature distribution penalty taxes if applicable. However, you can choose to postpone the payment of benefits until a later date and leave your benefits to accumulate. In certain situations, you may also be eligible to rollover your benefits to another eligible retirement investment account or IRA. If you leave public school employment before you're 100 percent vested in your employer's contributions to your retirement investment account, the non-vested portion will be removed from your account and will not be included in future statement balances.
What happens if you become disabled?	**Pension/savings:** If you suffer a disability of any kind and terminate public school employment, you will receive your employee contributions and any related earnings in your retirement investment account, along with any vested employer contributions and related earnings. If and when you meet age and service requirements (10 years of service, 60 years of age), you would also be eligible for a payment based on the pension component of your Pension Plus plan. **Personal Healthcare Fund:** If you suffer a disability of any kind and terminate public school employment, you would have access to your 2 percent employee contributions and related earnings, as well as any vested employer 2 percent matching contributions and related earnings in your PHF. A credit into an HRA would also be made if you have at least 10 years of service at termination (amount depends on age at termination). Neither you nor your beneficiaries would be eligible for any health insurance subsidy from the state.	**Savings:** If you suffer a disability of any kind and terminate public school employment, you would receive your employee contributions and any related earnings in your retirement investment account, along with any vested employer contributions and related earnings. **Personal Healthcare Fund:** If you suffer a disability of any kind and terminate public school employment, you would have access to your 2 percent employee contributions and related earnings, as well as any vested employer 2 percent matching contributions and related earnings in your PHF. A credit into an HRA would be made if you have at least 10 years of service at termination (amount depends on age at termination). Neither you nor your beneficiaries would be eligible for any health insurance subsidy from the state.

	Pension Plus	Defined Contribution (DC)
What happens if you die?	**Pension/savings:** A survivor pension may be payable depending on the timing and cause of your death. • If you suffer a duty-related death while an active employee, a survivor pension may be payable if a worker's compensation benefit is awarded; no vesting required. • If you suffer a non-duty related death while an active employee, a survivor pension may be payable if you are vested with 10 years of service. • If you die after retirement, a monthly pension may be payable to your surviving pension beneficiary if you are vested with at least 10 years of service and chose a survivor option at retirement. If you die while your retirement is in deferred status (that is, you leave public school employment after becoming vested for your pension, but before you're old enough to draw your pension), a monthly survivor pension will be payable to your eligible beneficiary provided you designated your beneficiary with ORS before you terminated employment. The default provision does not apply while in deferred status. Your employee contributions and related earnings, and your vested employer contributions and related earnings, will go to your designated beneficiary or your estate. **Personal Healthcare Fund:** *If you suffer a duty-related death,* the state will pay the maximum health premium allowed by statute for your spouse and health benefit dependents. Your spouse's insurance subsidy may continue until his or her death; your dependents' insurance subsidy may continue until their eligibility ends. The 2 percent employer matching contributions and related earnings in your tax-deferred account will be forfeited. Your beneficiaries would receive your 2 percent employee contributions and related earnings. *If you suffer any other type of death while an active, deferred, or retired employee,* your survivors have access to your 2 percent employee contributions and related earnings in your PHF. Their access to your employer's 2 percent matching contributions and related earnings in your PHF would be determined based on your vesting status. A credit into an HRA would be made upon your death if you had at least 10 years of service. The credit would be considered part of your estate. Your survivors would not be eligible for any health insurance subsidy from the state.	**Savings:** Your employee contributions and related earnings, and your vested employer contributions and related earnings, will go to your designated beneficiary or your estate. **Personal Healthcare Fund:** Your survivors would have access to your 2 percent employee contributions and related earnings in your PHF. Their access to your employer's 2 percent matching contributions and related earnings would be determined based on your vesting status. A credit into an HRA would be made upon your death if you had at least 10 years of service. The credit would be considered part of your estate. Your survivors would not be eligible for any health insurance subsidy from the state.
Vesting schedule	**Pension:** 10 years of service. **Savings/Personal Healthcare Fund:** *HRA:* 10 years of service at any age for $1,000; 10 years of service at 60 years old for $2,000. *Investment accounts:*	**Savings/Personal Healthcare Fund:** *HRA:* 10 years of service at any age for $1,000; 10 years of service at 60 years old for $2,000. *Investment accounts:*

	Your contributions	Employer contributions
Years of service	**Percent vested**	**Percent vested**
Before 2 years	100%	0%
After 2 years	100%	50%
After 3 years	100%	75%
After 4 years	100%	100%

	Your contributions	Employer contributions
Years of service	**Percent vested**	**Percent vested**
Before 2 years	100%	0%
After 2 years	100%	50%
After 3 years	100%	75%
After 4 years	100%	100%

Things to consider

Each plan has advantages and disadvantages -- which plan is best depends on your unique situation and retirement goals. Use the information below as you think through your retirement goals and how each plan may help you reach or exceed those goals.

IMPORTANT: All items in the Defined Contribution column also apply to the savings component of the Pension Plus plan.

	You may prefer the Pension Plus plan if...	You may prefer the Defined Contribution (DC) plan if...
Retirement income	You want a guaranteed monthly benefit for life in retirement (pension component).	You want to decide how much and when you withdraw your vested contributions and investment earnings.
Your contributions	You are comfortable knowing your contribution rate is set by law (pension component).	You want the ability to increase or decrease your contributions throughout your career to meet your retirement goals.
Withdrawal flexibility	You prefer a guaranteed monthly benefit in retirement (pension component) rather than setting/changing your monthly withdrawal amount (you will still have this flexibility with your withdrawals in the savings component).	You want to decide how much and when you withdraw your vested contributions and investment earnings.
Beneficiary options	You want the ability to provide a lifetime monthly benefit for an eligible survivor after your death (if you choose a survivor option at retirement).	You want to pass on any remaining vested contributions and investment earnings to your beneficiary(ies) upon your death.
Risk	You are not comfortable with the risk of falling short of meeting your retirement goals due to low returns or market fluctuations (pension component). You want a guaranteed benefit in retirement and are not comfortable with your monthly income being determined by your investment returns (the savings component will be based on this however).	You are comfortable risking investment losses while investing to meet your retirement goals. You are comfortable that your monthly income in retirement is determined by your employee and employer contribution amounts and your investment returns.

Contact

Contact **your employer** for the *New Hire Retirement Plan Election (R0940C)* form you'll use to make your election.

Contact **Voya®** for help choosing between the Pension Plus and DC plans at (800) 748-6128, 8:00 a.m. - 8:00 p.m., Monday - Friday EST.

AUTHORIZATION FOR RELEASE OF INFORMATION ON UNPROFESSIONAL CONDUCT PURSUANT TO PUBLIC ACT 189 OF THE PUBLIC ACTS OF 1996 AND EMPLOYMENT HISTORY CHECK

Applicant's Full Name (please print clearly):	Position Applying or Hired for:
Current or Former Employer *(Not LCPS):*	
Complete Street Address:	City, State, Zip:

I authorize my current or former employer, *listed above*, to provide the L'Anse Creuse Public Schools any information regarding my employment history and, in addition, to disclose any other information which is job related, including all items within my personnel file and, pursuant to Public Act 189 of the Public Acts of 1996 being section 380.1230b of the Michigan Compiled Laws, authorize any current or former employer(s) to disclose any unprofessional conduct and provide copies of all documents in my personnel record maintained by my current or former employer(s) relating to any unprofessional conduct as defined by Public Act 189 of 1996 which reads:

> *"Unprofessional conduct" means 1 or more acts of misconduct; 1 or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor, or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct – MCL 380.1230b(8)(b)*

I acknowledge L'Anse Creuse Public Schools right to investigate all references and secure additional information regarding my employment history, including any disciplinary action and/or the events surrounding termination of employment.

Pursuant to PA 189 of 1996, I waive my right of prior notice under the Bullard-Plawecki employee right to know act, Act No. 397 of the Public acts of 1978, being section 423.506 of the Michigan Compiled Laws and I understand that Public Act 189 of 1996 releases the current or former employer, and employees acting on behalf of the current or former employer, from any liability for providing information on unprofessional conduct and further release the L'Anse Creuse Public Schools district and its representatives from all liability for seeking such information.

Applicant Signature	Date:

TO BE COMPLETED BY THE CURRENT OR FORMER EMPLOYER OF THE ABOVE NAMED APPLICANT

The individual named above is being considered for employment with the L'Anse Creuse Public Schools District and has identified you as his/her former employer.

Public Act 189 requires current of former employers to provide the requested information no later than 20 business days after receiving the request.

As a result of checking our personnel records of the above named individual, please be informed that (please check one of the following):

- ☐ There was no unprofessional conduct on the part of this individual while he/she was employed here.
- ☐ Copies of documents relating to unprofessional conduct by this individual are attached as per Michigan Public Act 189 of 1996.

Signature	Date:
Title:	

Your prompt response to this request will be greatly appreciated. Please fax your reply or mail the original to:

L'Anse Creuse Public Schools ● Harry L. Wheeler Community Center & Administrative Offices
24076 F.V. Pankow Blvd., Clinton Township MI 48036
586.783.6300 ● 586.783.6311 fax

Conviction Disclosure Form

Name (Please Print):
Position:

Pursuant to Public Act 138 of 2005, I represent that (check all that apply):

☐ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) or is the subject of a funding of guilt by a judge or jury of any crime.

☐ 2. This is my initial disclosure, I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes *(attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction):*

☐ Felony ☐ Misdemeanor
☐ Felony ☐ Misdemeanor
☐ Felony ☐ Misdemeanor

☐ 3. This serves as disclosure of a subsequent conviction for which I have been convicted of, or pled guilty or nolo contendere (no contest) or am the subject of a finding of guilt by a judge or jury for the following crimes *(attach a separate sheet of paper to explain the criminal offense, date, court, city/state, and circumstances surrounding the convection)*, and I understand that failure to disclose any subsequent convictions is considered to be a crime:

☐ Felony ☐ Misdemeanor
☐ Felony ☐ Misdemeanor
☐ Felony ☐ Misdemeanor

In signing this form, I understand and agree that:

4. If I have been convicted of a listed offense, my employment shall be terminated. I also understand that if I have been convicted of a felony or other than a listed offense, the superintendent, or chief administrator and the board or governing body must each approve, in writing, my employment or work assignment.

5. Until the criminal history report is received and reviewed by the employing school/district, I am regarded as a conditional employee and if the criminal history report is not the same as my representation(s) above, my employment contract is voided at the option of the school.

Signature:	Date:

L'Anse Creuse
PUBLIC SCHOOLS
24076 FV Pankow Blvd
Clinton Township MI 48036
586.783.6300

NAME _____ **DATE** _____

Part A **Are you Hispanic/Latino? (*Choose only one*)**

☐ **No**, not Hispanic/Latino

☐ **Yes**, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

Part A of the question is about *ethnicity*, not *race*. Regardless of what you selected in Part A, **please answer Part B** by marking one or more boxes to indicate what you consider your *race* to be.

Part B **What is your race? (*Choose one or more*)**

☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America.

☐ **Asian** (A person having origins in any of the original peoples 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)

☐ **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)

NOTE: Both Part A and Part B **MUST** be completed. We encourage you to select an answer for **both** parts. If either part (A or B) is not answered, the U.S. Department Education **requires** the school district to supply an answer on your behalf.

SIGNATURE **DATE**

_____ _____

STAFF EDUCATION TECHNOLOGY ACCEPTABLE USE AND SAFETY AGREEMENT

To access and use the District's Education Technology, including a school-assigned e-mail account and/or the Internet at school, staff members must sign and return this form.

Use of the Education Technology is a privilege, not a right. The Board's Education Technology, including its Internet connection and online educational services, is provided for business, professional and educational purposes only. Unauthorized or inappropriate use will result in a cancellation of this privilege and possibly further disciplinary action.

The Board has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of staff members in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. The Superintendent or designee may disable the technology protection measures to enable access for bona fide research or other lawful purposes.

Staff members accessing the Internet through the Board's Education Technology are personally responsible and liable, both civilly and criminally, for unauthorized or inappropriate use of the Internet.

The Board reserves the right, at any time, to access, monitor, review and inspect any directories, files and/or messages residing on or sent using the Board's Education Technology. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

Please complete the following information:

Staff Member's Full Name (please print): _____

School:_____

I have read and agree to abide by the Staff Education Technology Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy is inappropriate and may constitute a criminal offense. As a user of the Board's Education Technology, I agree to communicate over the Internet and the network in an appropriate manner, honoring all relevant laws, restrictions and guidelines. I understand that individual users have no expectation of privacy related to their use of the District's Education Technology.

Staff Member's Signature:_____ Date: _____

The Superintendent is responsible for determining what is unauthorized or inappropriate use. The Superintendent may deny, revoke or suspend access to and use of the Education Technology to individuals who violate the Board's Staff Education Technology Acceptable Use and Safety Policy and related Guidelines and take such other disciplinary action as is appropriate pursuant to the applicable collective bargaining agreement, State law and/or Board Policy.

© NEOLA 2014

Please review the Policy below and acknowledge the Policy by signing the last page of this document. Failure to sign this document may delay the hiring process.

L'ANSE CREUSE PUBLIC SCHOOLS BOARD POLICY

5517.1 - BULLYING AND OTHER AGGRESSIVE BEHAVIOR TOWARD STUDENTS

It is the policy of the District to provide a safe and nurturing educational environment for all of its students.

This policy protects all students from bullying/aggressive behavior regardless of the subject matter or motivation for such impermissible behavior.

Bullying or other aggressive behavior toward a student, whether by other students, staff, or third parties, including Board members, parents, guests, contractors, vendors, and volunteers, is strictly prohibited. This prohibition includes written, physical, verbal, and psychological abuse, including hazing, gestures, comments, threats, or actions to a student, which cause or threaten to cause bodily harm, reasonable fear for personal safety or personal degradation.

Demonstration of appropriate behavior, treating others with civility and respect, and refusing to tolerate harassment or bullying is expected of administrators, faculty, staff, and volunteers to provide positive examples for student behavior.

This policy applies to all "at school" activities in the District, including activities on school property, in a school vehicle, and those occurring off school property, if the student or employee is at any school-sponsored, school-approved or school-related activity or function, such as field trips or athletic events where students are under the school's control, or where an employee is engaged in school business. Misconduct occurring outside of school may also be disciplined if it interferes with the school environment.

Notification

Notice of this policy will be **annually** circulated to and posted in conspicuous locations in all school buildings and departments within the District and discussed with students, as well as incorporated into the teacher, student, and parent/guardian handbooks. State and Federal rights posters on discrimination and harassment shall also be posted at each building. All new hires will be required to review and sign off on this policy and the related complaint procedure.

Parents or legal guardians of the alleged victim(s), as well as of the alleged aggressor(s), shall be promptly notified of any complaint or investigation as well as the results of the investigation to the extent consistent with student confidentiality requirements. A record of the time and form of notice or attempts at notice shall be kept in the investigation file.

To the extent appropriate and/or legally permitted, confidentiality will be maintained during the investigation process. However, a proper investigation will, in some circumstances, require the disclosure of names and allegations. Further, the appropriate authorities may be notified, depending on the nature of the complaint and/or the results of the investigation.

Reporting

The District shall report incidents of bullying to the Michigan Department of Education on an annual basis according to the form and procedures established by the Michigan Department of Education.

Should this Policy be amended or otherwise modified, the District shall submit a copy of the amended or modified Policy to the Michigan Department of Education no later than thirty (30) days after adopting the modification.

Implementation

The Superintendent or designee is responsible to implement this policy, and may develop further guidelines, not inconsistent with this policy.

This policy is not intended to and should not be interpreted to interfere with legitimate free speech rights of any individual. However, the District reserves the right and responsibility to maintain a safe environment for students, conducive to learning and other legitimate objectives of the school program.

Procedure

Any student who believes s/he has been or is the victim of bullying, hazing, or other aggressive behavior should immediately report the situation to the Principal or assistant principal. The student may also report concerns to a teacher or counselor who will be responsible for notifying the appropriate administrator or Board official. Complaints against the building principal should be filed with the Superintendent or designee. Complaints against the Superintendent or designee should be filed with the Board President.

A student may also submit a report or complaint to any of the above designated individuals through email, voicemail, regular mail or by leaving a sealed note addressed to the individual at that person's office or desk. The student may submit a report or complaint anonymously, but this may affect the ability to fully investigate the matter, when the complaining student is not available to provide additional information during the course of the investigation.

The identity of a student who reports bullying, hazing or aggressive behavior, as well as those students who provide information during an investigation will remain confidential to the extent possible and to the extent allowable by law. Only school personnel directly involved in the investigation of the complaint or responsible for remedying any violations will be provided access to the identity of the complaining student(s) and student witnesses, and then only to the extent necessary to effectively deal with the situation.

The identity of the student who files the report or complaint will not be voluntarily shared with the alleged perpetrator(s) or the witnesses unless the student (and his/her parent/guardian) give written permission to do so. Any investigation report will likewise not be voluntarily produced with the names of the reporting student(s) or witnesses. However, under certain circumstances, the District may be required by law to disclose the report and/or the student(s) names. Also, under certain circumstances, the identity of the reporting student may become obvious even without disclosure by school personnel.

Every student is encouraged, and every staff member is required, to report any situation that they believe to be aggressive behavior directed toward a student. Reports shall be made to those identified

above. While reports may be made anonymously, but formal disciplinary action may not be taken solely on the basis of an anonymous report without other corroborating evidence.

The principal (or other designated administrator) shall promptly investigate and document all complaints about bullying, aggressive or other behavior that may violate this policy. The investigation must be completed as promptly as the circumstances permit after a report or complaint is made.

If the investigation finds an instance of bullying or aggressive behavior has occurred, it will result in prompt and appropriate remedial action. This may include up to expulsion for students, up to discharge for employees, exclusion for parents, guests, volunteers and contractors, and removal from any official position and/or a request to resign for Board members. Individuals may also be referred to law enforcement or other appropriate officials.

If, during an investigation of a reported act of harassment, intimidation and/or bullying/cyberbullying, the Principal or appropriate administrator believes that the reported misconduct may have created a hostile learning environment and may have constituted unlawful discriminatory harassment based on a Protected Class, the Principal will report the act of bullying and/or harassment to one of the Anti-Harassment Compliance Officers so that it may be investigated in accordance with the procedures set forth in Policy **5517** - Anti-Harassment.

The individual responsible for conducting the investigation shall document all reported incidents and report all verified incidents of bullying, aggressive or other prohibited behavior, as well as any remedial action taken, including disciplinary actions and referrals, to the Superintendent or designee. The Superintendent or designee shall submit a compiled report to the Board on an annual basis.

Non-Retaliation/False Reports

Retaliation or false allegations against any person who reports, is thought to have reported, files a complaint, participates in an investigation or inquiry concerning allegations of bullying or aggressive behavior (as a witness or otherwise), or is the target of the bullying or aggressive behavior being investigated, is prohibited and will not be tolerated. Such retaliation shall be considered a serious violation of Board policy, independent of whether a complaint of bullying is substantiated. Suspected retaliation should be reported in the same manner as bullying/aggressive behavior.

Making intentionally false reports about bullying/aggressive behavior for the purpose of getting someone in trouble is similarly prohibited and will not be tolerated. Retaliation and intentionally false reports may result in disciplinary action as indicated above.

Definitions

The following definitions are provided for guidance only. If a student or other individual believes there has been bullying, hazing, harassment or other aggressive behavior, regardless of whether it fits a particular definition, s/he should report it immediately and allow the administration to determine the appropriate course of action.

"Aggressive behavior" is defined as inappropriate conduct that is repeated enough, or serious enough, to negatively impact a student's educational, physical, or emotional well-being. Such behavior includes, for example, bullying, hazing, stalking, intimidation, menacing, coercion, name-calling, taunting, making threats, and hitting/pushing/shoving.

"**At School"** is defined as in a classroom, elsewhere on school premises, on a school bus or other school-related vehicle, or at a school-sponsored activity or event whether or not it is held on school premises. It also includes conduct using a telecommunications access device or telecommunications service provider that occurs off school premises if either owned by or under the control of the District.

"Bullying" is defined as any written, verbal, or physical acts, including cyber bullying (i.e. any electronic communication, including, but not limited to electronically transmitted acts, such as internet, telephone or cell phone, personal digital assistant (PDA), or wireless hand held device) that, without regard to its subject matter or motivating animus, is intended or that a reasonable person would know is likely to harm one (1) or more students either directly or indirectly by doing any of the following:

A. substantially interfering with educational opportunities, benefits, or programs of one (1) or more students;

B. adversely affecting the ability of a student to participate in or benefit from the school district's educational programs or activities by placing the student in reasonable fear of physical harm or by causing substantial emotional distress;

C. having an actual and substantial detrimental effect on a student's physical or mental health; and/or

D. causing substantial disruption in, or substantial interference with, the orderly operation of the school.

Bullying can be physical, verbal, psychological, or a combination of all three. Some examples of bullying are:

A. Physical – hitting, kicking, spitting, pushing, pulling; taking and/or damaging personal belongings or extorting money, blocking or impeding student movement, unwelcome physical contact.

B. Verbal – taunting, malicious teasing, insulting, name calling, making threats.

C. Psychological – spreading rumors, manipulating social relationships, coercion, or engaging in social exclusion/shunning, extortion, or intimidation. This may occur in a number of different ways, including but not limited to notes, emails, social media postings, and graffiti.

"Harassment" includes, but is not limited to, any act which subjects an individual or group to unwanted, abusive behavior of a nonverbal, verbal, written or physical nature, often on the basis of age, race, religion, color, national origin, marital status or disability, but may also include sexual orientation, physical characteristics (e.g., height, weight, complexion), cultural background, socioeconomic status, or geographic location (e.g., from rival school, different state, rural area, city, etc.).

"Intimidation/Menacing" includes, but is not limited to, any threat or act intended to: place a person in fear of physical injury or offensive physical contact; to substantially damage or interfere with person's property; or to intentionally interfere with or block a person's movement without good reason.

"Staff" includes all school employees and Board members.

"Third parties" include, but are not limited to, coaches, school volunteers, parents, school visitors, service contractors, vendors, or others engaged in District business, and others not directly subject to school control at inter-district or intra-district athletic competitions or other school events.

For further definition and instances that could possibly be construed as:

Harassment, see Policy **5517**;
Hazing, see Policy **5516**.

MCL 380.1310B (Matt's Safe School Law, PA 241 of 2011), PA 478 of 2014
Policies on Bullying, Michigan State Board of Education
Model Anti-Bullying Policy, Michigan State Board of Education

Revised 10/19/15

© Neola 2015

Please complete the following information:

Staff Member's Full Name (please print): _____

Staff Member's Signature:_____ Date: _____

Hepatitis B Vaccination

Please complete the appropriate section below, and send a copy to the L'Anse Creuse Public Schools Human Resources Office. This will initiate request for vaccination or document delineation of the Hepatitis B vaccine.

In accordance with the OSHA Bloodborne Pathogen Standard, L'Anse Creuse Public Schools will make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure to blood and other potentially infectious materials. The district will provide the vaccination series at no charge to the employee. All employees who qualify for vaccination have the option to accept or decline.

Employee Name:	
Building:	
Position:	
Phone Number:	

☐ Check the box if you would like to be vaccinated

Hepatitis B Vaccination Declination Form

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I may be a risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Employee Signature:	Date:

Required Training Tutorials

The following five training courses are required for all new staff members, and on an annual basis for all employees:

- Bloodborne Pathogens
- Bullying
- General Harrassment
- Hazard Communications
- Seclusion and Restraint
- Social Media Procedures

The above-listed courses may be completed on any computer with Internet access. Audio is required. Please see the instructions below in order to complete the training.

1. Go to www.gcntraining.com
2. Go to "Login to View Training"
3. Choose *New User – I do have a Personal ID (I have NOT yet created an account/Personal ID with GCN)* and proceed to the next step.
4. Enter Organization ID: lanse
5. Enter your preferred Personal ID (you can choose any ID you would like). After you log in, you will be asked to complete various fields, including your Employee ID Number. This is a required field, and you will receive that number after all of your new hire paperwork has been turned in and processed.
6. Once the tutorials are complete, please print the Certificate of Completion and send to the Human Resources Department.

If you have any questions, please contact Anita Dzieszkowski at dziesan@lc-ps.org.

Employee Safety Manual Training Verification

In addition to completing training programs on:
(a) Bloodborne Pathogens
(b) Bullying
(c) General Harassment
(d) Hazard Communications
(e) Seclusion and Restraint and
(e) Social Media Procedures,

All newly hired employees are required to review the information provided in the Employee Safety Manual. All new employees are required to acknowledge that they have reviewed the information once they have done so by signing this form and returning it to the Human Resources Department upon completion of the review and within **two (2) weeks of being hired**.

Employees may take a printed copy of the materials provided in the Employee Safety Manual however this material should not be shared with anyone who is not an employee of LCPS. This will help to assure the integrity of our emergency response plan.

It is recommended that all current employees review the Employee Safety Manual, annually and will be done in each building as a group activity.

Any questions about the material printed in the Employee Safety Manual, should be directed to Bob Prill, Maintenance/Grounds Supervisor. He can be reached at the Larry F. Brender Support Services Center, 586.783.6550, ext. 1101 or by email at prillro@lc-ps.org.

To access the Employee Safety Manual, complete the following steps: This may only be completed at a district computer; you cannot to the web site from home.

- ☐ Click on internet browser, such as "Internet Explorer", this will bring you to intranet.lc-ps.org
- ☐ On the home page select the "Buildings" drop down on the top of the page, click "Support Services"
- ☐ Select "LCPS Safety Manual" link on the left hand side of the screen
- ☐ Once you have reviewed the document, please read the statement below, sign and return this form to the Human Resources Department

---

I HAVE REVIEWED THE MATERIALS PROVIDED IN THE EMPLOYEE SAFETY MANUAL AND UNDERSTAND TESE TO BE THE POLICIES AND PRACTICES OF L'ANSE CREUSE PUBLIC SCHOOLS IN REGARD TO MY SAFETY ON THE JOB. I UNDERSTAND THAT THE MATERIALS ARE AVAILABLE TO ME AT ANYTIME OVER THE DISTRICT INTRANET SITE AND THAT I AM AUTHORIZED TO MAKE A COPY OF THE INFORMATION. I FURTHER UNDERSTAND AND WILL NOT SHARE THE PROVIDED INFORMTION WITH ANYONE THAT IS NOT AN EMPLOYEE OF L'ANSE CREUSE PUBLIC SCHOOLS.

Employee Name (please print):	Date of Completion:
Work Location:	Job Position:
Signature:	

Employee HSA Payroll Deduction Form

HealthEquity®
Building Health Savings℠

Return completed forms to:

Company Name: L'Anse Creuse Public Schools

Attn: Martha Luks

Fax: 586-783-6343

Email Address: luksma@lc-ps.org

Annual Employer Contribution Information

Self-Only	Family	Other (optional)

For mid-year enrollees, contact your HR department for your pro-rated employer election amount.

Notes: _____

HSA Contribution Limits and Contribution Calculator

2016 Annual HSA Contributions

Coverage Type	Total Annual Contribution*	Per Month
Self-Only	$3,350	$279.16
Family	$6,750	$562.50

*Catch-up contribution (age 55+): additional $1,000/year

2017 Annual HSA Contributions

Coverage Type	Total Annual Contribution*	Per Month
Self-Only	$3,400	$283.33
Family	$6,750	$562.50

*Catch-up contribution (age 55+): additional $1,000/year

Total Annual Contribution		Employer Contribution		Total Eligible Amount
Other (Type in amount)	- (MINUS)		=	$ 0.00

Total Eligible Amount		Enter number of pay periods remaining in the year from form submittal date		Per-Pay Period Max Withholding
$ 0.00	/ (DIVIDED)		=	$ 0.00

Eligibility and contribution limits to your health savings account (HSA) are determined by the effective date of your high-deductible health plan (HDHP). If you're covered as of December 1, you're considered an eligible individual for the entire year and you're not required to pro-rate your contributions. If you cease to be an eligible individual during the next calendar year, any funding over the prorated amount is considered an excess contribution and subject to a penalty and income tax. For further information or to review eligibility, please contact HealthEquity Member Services at 866.346.5800.

Employee Information and Authorization

Employee Name	Last 4 of SSN or Employee ID

Please withhold _____ from my (Weekly/Bi-Weekly/Monthly) payroll and apply the funds to my HealthEquity HSA.

Signature	Date

MidAmerica
Administrative & Retirement Solutions, Inc.

Flexible Benefits (125) Plan Enrollment Form

for period January 1, 2017 – December 31, 2017

I. GENERAL INFORMATION

Employer Name **L'anse Creuse Public Schools**			
Employee Name (Last Name, First Name, Initial)		Social Security Number	
Address	City	State	Zip Code
Home Telephone Number ( )	Work Telephone Number ( )	Date of Birth (Mo/Day/Yr)	Date of Hire (Mo/Day/Yr)
Email Address			

II. INSURANCE PREMIUMS

I ACCEPT the opportunity to have deductions withheld from my paycheck for eligible employer sponsored insurance premiums on a pretax (before tax) basis for my entire share of my employer's group health insurance premiums, unless I indicate below not to do so. I understand that this election will be automatically renewed each year unless revoked by me in writing prior to the beginning of a new Plan Year.

_____ I waive the opportunity to have my insurance premium(s) withheld pretax.

III. FLEXIBLE SPENDING ACCOUNTS

Choose carefully as your election is binding for the entire Plan Year. Any unused dollars remaining in your Flexible Spending Account at the end of the Plan Year will be forfeited. Expenses/claims must be incurred during the Plan Year in order to be eligible for reimbursement. See the Summary Plan Description for more details.

SPENDING ACCOUNTS – As a participant, I hereby elect to participate in the Flexible Benefits Plan and therefore authorize my Employer to reduce my wages on a pretax basis during each payroll period in the following amount. I understand this election will be in effect for only the current plan year. I understand I must complete each year.

	PER PAY PERIOD		# PAY PERIODS		ANNUAL ELECTION
HEALTH CARE REIMBURSEMENT	$_____	X	_____	=	$_____
LIMITED PURPORSE HEALTH CARE REIMBURSEMENT	$_____	X	_____	=	$_____
DEPENDENT CARE REIMBURSEMENT (Day care expenses incurred during employment hours)	$_____	X	_____	=	$_____

Effective date of coverage: January 1, 2017 .

IV. AUTHORIZATION AND ACKNOWLEDGMENT

I understand that I cannot revoke or change this election during the Plan Year unless there is a qualifying "Change in Status" event that affects my or my dependents' eligibility under this Plan or another employer plan. The rules regarding election changes are described in more detail in the Summary Plan Description.

I understand that I must submit a claim and appropriate documentation (e.g. explanation of benefits, itemized bill) for out-of-pocket medical, and/or Dependent Care expenses before I can be reimbursed. I certify that I will only submit claims for reimbursement under the Flexible Spending Account Plan. I certify that I will not submit claims for reimbursement under the Flexible Spending Account Plan for amounts that have already been reimbursed by another source nor will I seek reimbursement for such amounts from any other source.

DATE _____ EMPLOYEE SIGNATURE _____

MidAmerica Administrative & Retirement Solutions, Inc. is the third party administrator for your Plan
PLEASE RETURN THIS FORM TO YOUR EMPLOYER
Should you have any questions regarding the enrollment of this Plan, please contact MidAmerica at 1-855-329-0095.

Salary Reduction Agreement

GLP STRATEGIC ADMINISTRATIVE GROUP, LLC

Please check one

Employer Name:

☐ 403(b) Plan Salary Reduction Agreement

☐ Change in Contribution Amount, Investment Provider Allocation, and/or Money Source (Supersede any prior agreement)

☐ **Terminate** Agreement (Stop/Cancel) Complete Employee and Employee Information, sign, and return

Employee Information	**Employee Name** _____ **Social Security Number** ___ - ___ - ___ **Employee Address (Street, City, State, Zip)** _____ **Employee Phone** _____
403(b) Plan Salary Reduction Allocation Election (Check One)	**I elect to reduce my salary by $_____ each pay period.** ☐ Initial Salary Reduction Agreement Effective Date:_____ (allow for at least one pay cycle to be effective) ☐ Change Salary Reduction Agreement Effective Date:_____ (allow for at least one pay cycle to be effective)
Money Source	☐ Employee Pre-Tax ☐ Employee After-Tax ☐ Employer Contribution Please note: Each money source change will require a separate form to be completed
Allocation Election	Effective Date:_____(Employee is responsible for establishing an account with an approved investment Provider before any amounts are contributed by the Employer to the investment Provider).

Investment Provider	Contract / Account Number	Allocation Amount

Authorized Signatures

This agreement is intended to meet the requirement of, and qualify under, Section 403(b) of the Internal Revenue Code of 1986, as amended, and of the plan adopted by Employer. The Employer and Employee agree that the employment agreement between Employer, and Employee is being initiated or amended as stated above. This amendment is incorporated and made a part of the agreement as of the effective date above.

The terms of this Agreement are as follows: (1) The Agreement is a legal and binding contract and is irrevocable with respect to amount earned while it is in effect, and applies only to amounts earned while it is in effect; (2) It shall automatically apply to the employment agreement between Employer and Employee for each succeeding year unless amended or terminated by a written notice to Employer; (3) It is terminable at any time for amounts not earned; (4) A termination request remains in effect unless or until a new Agreement is submitted; (5) It replaces any previous Agreement and therefore includes all applicable contribution choices; (6) Employee irrevocably releases all present and/or future rights to receive payment of said sum/total earned from Employer while this agreement is in effect in exchange for the release of the money as pay it is being diverted to the employee account with the investment Provider identified above.

The maximum amount of salary reduction may not exceed the limits of IRC 401(a)(30), 402(g)(1), 403(b)(E), 415© and any other applicable IRC provisions.

In witness whereof, this Agreement has been executed by and on behalf of the parties this _____day of _____, 20_____.

Employee Signature/Date:	**Employer Signature and Title:**
Printed Representative Name ***REQUIRED* **	**Representative Telephone: ***REQUIRED*** **

*** Please Return to your District's Payroll Office or fax to GLP at 248-876-9657***

School District:_____
Eligible 457 Plan Multiple Purpose Election Form

Employee Name: _____
(Print Name)

Date of Birth _____- _____ - _____ Social Security No. _____-_____- _____
Month Day Year

☐ New Participant ☐ Existing Participant

‣ Election of Compensation Reduction $_____/pay (including all catch-up elections below).

[Note: The amount you elect cannot exceed the lesser of your taxable compensation from this employer or the applicable annual limit: $16,500 for 2010].

‣ Election of age 50 catch-up (optional) $_____ (see attached limitation explanation).

‣ Election of other catch-up (optional) $_____ (see attached limitation explanation).

‣ Election of Product Vendor: _____

[Note: You are electing to have all of your contributions invested with the product vendor designated above. You will be given the choice to diversify and select your actual investments with this product vendor by completing forms provided by the product vendor. The school district is not responsible or liable for your investment provider choice or your actual investment choices. You may only select one product vendor, and must do so from the list of approved product vendors which is available from the Plan Administrator.]

I acknowledge that my election(s) on this form cannot exceed the maximum election permitted by law for the calendar year in which my election(s) are effective. I understand that I may change my election(s) at any time during the calendar year, but only on a prospective basis, and that my new election(s) will become effective on the first day of the calendar month following the month in which the Plan Administrator receives and accepts my new election form.

Signature: _____ Date: _____
(Employee Signature)

Signature: _____ Date: _____
(Representative Signature)

Signature: _____ Date: _____
(School District Signature)

L'Anse Creuse Public Schools
Approved 403(b)/457 Plan Providers

1. American Funds

MML Investors Services, Inc.
28411 Northwestern Hwy, Suite 100
Southfield, MI 48034-5525
John Chouinard 248-208-2768
Office 248-208-0660

2. AXA-Equitable (457)

201 W. Big Beaver, Suite 300
Troy, MI 48084
Matthew Domsic 248-641-2897
Joseph Sarnecky 248-641-2650

3. GLP Associates, Inc. / ING (457)

37000 Twelve Mile Rd. – Suite 101
Farmington Hills, MI 48331
Diana Hudson 586-918-3882
Christine Kaminski 586-944-8145
Sylvia Yousif
Justin Pollack
Office 248-489-0101

4. M3 Investment Services (457)

990 N. Main Street
Royal Oak, MI 48067
Jeffrey Payne 586-292-5704
Kasey George, CRC
Office 248-543-3400

5. Oppenheimer Funds

MML Investors Services, Inc.
28411 Northwestern Highway, Suite 100
Southfield, MI 48034-5525
Ellen Zimmerman 248-208-0660
Fax 248-208-0650

6. Momentum Investments and Insurance (457)

National Insurance Services
43120 Utica Road, Suite #400
Sterling Heights, MI 48314
Michael J. Reesman 586-803-1400
Kyle Bugg 248-421-5777
Dave Karl 248-701-5446

7. MEA Financial Services/Paradigm Equities

1480 Kendale Blvd. – Box 2501
East Lansing, MI 48826
1-800-292-1950
James Holmes 810-326-2936

8. V.A.L.I.C. (457)

2701 Cambridge Court, Suite 115
Auburn Hills, MI 48326
John Butzu 248-721-3262
Marlene Czasak 800-892-5558 x 88874

Process for Initiating a 403(b)/457

1. Choose a provider from the district approved list, which is available on the district's Intranet site at *Administration>Business Office>Benefits, Employee-Funded Plans>403b Tax Sheltered Deferred / 457 Deferred Compensation Plans.*
2. Contact the provider to establish an account.
3. Contact GLP at 248-489-0101 to set-up your payroll deduction.
4. Review your check stub to verify that the deduction has started.
5. Future changes can be made by contacting GLP at 248-489-0101.

Payroll Deduction Authorization for Charitable Donations

Name: _____

Employee ID Number: _____

L'Anse Creuse Foundation

The L'Anse Creuse Foundation is a nonprofit community group dedicated to obtaining additional resources for students within the district to enhance educational opportunities and provide scholarships.

For more information on how you can donate or become a member, call (586) 783-6300, ext. 1214.
Find us on Facebook at www.facebook.com/LCFoundation, or visit us online at www.lcpsfoundation.com.

Contribute $1-$4 per pay and receive a complimentary Foundation-imprinted notebook.
Contribute $5 or more per pay and receive a complimentary Foundation-imprinted insulated travel mug.

Please deduct $_____ per pay period, beginning with my next pay.

Food 4 Kids Program

The Food 4 Kids Program is a Mobile Pantry Program. The mobile pantry is a traveling food pantry that families visit monthly. Each family receives a large box of food, which typically includes fresh fruits and vegetables, perishable food items, and nonperishable food items.

Please deduct $_____ per pay period, beginning with my next pay.

Barbara Lehtonen Homeless Education Fund

The Barbara Lehtonen Homeless Education Fund will allow students to participate in school activities and functions that are not allowed under Title I. This fund will provide homeless students the same opportunities as all other LCPS students.

Please deduct $_____ per pay period, beginning with my next pay.

I authorize L'Anse Creuse Public Schools to deduct the amounts, as indicated above, for the purpose of donating to the L'Anse Creuse Foundation, the L'Anse Creuse Public Schools Food 4 Kids Program, and/or the Barbara Lehtonen Homeless Education Fund.

This authorization will continue until withdrawal is requested by written notice to the Payroll Department.

_____ _____
Signature Date

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 4-30-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Shiela Thomas, Supervisor for Human Resources, 586.783.6300, thomash@lc-ps.org.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
L'Anse Creuse Public Schools	38 6022428
5. Employer address	**6. Employer phone number**
24076 F.V. Pankow Blvd.	586.783.6300

7. City	8. State	9. ZIP code
Clinton Township	MI	48036

10. Who can we contact about employee health coverage at this job?	
Shiela Thomas	
11. Phone number (if different from above)	**12. Email address**
586.783.6300	thomash@lc-ps.org

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☑ Some employees. Eligible employees are:

    TPOAM Employees
    MEA-NEA Local 1 Teachers
    MEA-NEA Local 1-6E
    Administrators' Association
    Non-Affiliated Administrators
    Computer Technicians
    Administrative Assistants
    Adult Ed Employees eligible under agreements

- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:

    Children under 26 years old
    Spouse
    Language defining eligible dependents is available at www.hap.org and www.messa.org

  - ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

L'Anse Creuse PUBLIC SCHOOLS

HARRY L. WHEELER COMMUNITY CENTER AND ADMINISTRATIVE OFFICES

Jacqueline Johnston, Ph.D.
SUPERINTENDENT

BUSINESS OFFICE

Rochelle M. Gauthier
ASSISTANT SUPERINTENDENT FOR BUSINESS AND OPERATIONS

Robert J. Lenhardt
DIRECTOR FOR FINANCE

24076 F.V. PANKOW BLVD.
CLINTON Twp., MI 48036-1304
586.783.6300
586.783.6312 FAX
WWW.LC-PS.ORG

September 9, 2016

ANNUAL MEANINGFUL NOTICE OF THE RIGHT TO PARTICIPATE

Notice of Your Right to Participate in the L'Anse Creuse Public Schools 403(b) Tax Deferred Annuity Program

In compliance with the requirements of final 403(b)/457 regulations and the universal availability requirements of Section 403(b)(12)(A)(ii)/457, we are pleased to notify our employees of the availability of a 403(b)/457 plan in which voluntary salary reduction contributions can be made.

Following are the details of our 403(b)/457 plan, and the eligibility of our employees who wish to participate:

1. All part-time and full-time common law employees (no leased employees and no independent contractors can be permitted to participate) are eligible to participate except for any classification so indicated below:

    - All employees are eligible to participate with the exception of any employee that will not contribute more than $200 per year.

2. Employees are permitted to submit salary reduction agreements, available on the district Intranet site, to GLP Strategic Administrative Group, LLC, our third-party administrator, at any time allowed by the district. The requested salary reduction contributions and catch up contribution calculations (for employees who are utilizing catch up contributions) will begin in one to two pay periods, following receipt of the salary reduction agreement. Employees are also reminded that the proper annuity account or custodial account application will need to be established prior to receiving the requested contributions.

3. The following information is available to aid employees in participation in the 403(b)/457 plan:

    a. A list of the authorized providers can be obtained from the Benefits Facilitator, Payroll Department, or from the district's Intranet site: *http://intranet.lc-ps.org/Administration/Business+Office/EmployeeFundedBenefitsPlans.htm*.
    b. Salary Reduction Agreements can be obtained from the Payroll Department, from the district's Intranet site: *http://intranet.lc-ps.org/Administration/Business+Office/EmployeeFundedBenefitsPlans.htm*, or through your 403(b) financial advisor.
    c. The proper application and other contract paperwork can be obtained through the provider or a representative of that provider.

NOTICE OF NONDISCRIMINATION. It is the policy of L'Anse Creuse Public Schools not to discriminate on the basis of race, color, religion, national origin or ancestry, gender, age, disability, height, weight or marital status in its programs, services, activities, or employment. Inquiries related to nondiscrimination policies should be directed to: Civil Rights Coordinator, Assistant Superintendent for Human Resources, L'Anse Creuse Public Schools, Harry L. Wheeler Community Center and Administrative Offices, 24076 F. V. Pankow Blvd., Clinton Twp.,, MI 48036, and (586) 783-6300. Nondiscrimination inquiries related to disability should be directed to: Section 504 Coordinator, Director for Special Education, (586) 783-6300.

BOARD OF EDUCATION

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4. Salary reduction contributions can be made to the extent of the lesser of 100% of your includible compensation or $18,000 (in 2016) to *all elective deferral plans in which you participate.* Additionally, the plan permits the following catch up contributions to be made by eligible employees:

   - $6,000 for employees that are age 50 or older by the end of the current tax year
   - ** Additional catch-up provisions are available to employees that have worked 15 or more years. Contact your 403(b) provider for further details.

** This catch up contribution is permitted only if a calculation is submitted with the salary reduction agreement confirming eligibility.

5. Salary reduction contributions are permitted to be made on a pre-tax basis.

6. Administrative services for the L'Anse Creuse Public Schools 403(b) Tax Deferred Annuity Program are provided by GLP Strategic Administrative Group, LLC. Participant distribution requests (loans, hardship withdrawals, and other distributions) and all other plan forms and materials may be obtained at:

GLP Strategic Administrative Group, LLC
37000 12 Mile Road, Suite 101
Farmington Hills, MI 48331
Phone: 248-489-0101, Fax: 248-876-9657
www.glpwins.com

Please be sure to consult with your legal or tax advisor before participating in the 403(b)/457 plan. L'Anse Creuse Public Schools does not provide tax or legal advice.

Questions regarding annuities should be directed to GLP. Questions regarding payroll deduction may be directed to Marth Luks, Accountant, at 56-1228.

Sincerely,

Rochelle M. Gauthier

Rochelle M. Gauthier
Assistant Superintendent for Business and Operations

RMG/ct

cc: Robert Lenhardt, Director for Finance
Paula Sorgeloos, Supervisor of Accounting
Colleen Schwark, Benefits Facilitator
Martha Luks, Accountant