



## Student Appointment Letter

*Term-Funded, Non-Exempt*

April 12, 2023

Lisa Jacklin

ID# 31239629 TKL:T209

D-Level:D6ACEP

Dear Lisa:

I am pleased to offer you employment as described below. This letter of appointment notifies you of some important terms and conditions of your employment. If significant changes to your individual situation occur, you will be notified in writing. Regents' Policy and University Regulation, as amended from time to time, provide additional terms and conditions of employment applicable to all University employees. You should familiarize yourself with applicable provisions and relevant changes.

Duties:	As assigned by supervisor
Supervisor:	Franziska Kohl
System Title & Class:	Student Assistant 2
Position Number:	924945-00
Employment Status:	Temporary - STUDENT – up to 20 hours per week during a semester or 40 hours per week between semesters or during summer sessions. (not benefits eligible)
	Non-exempt
Grade/Step:	Grade 00_02, Step 0
Geographic Differential:	None
Hourly Rate:	\$18.00/Hourly (non-exempt)
Beginning Date:	5/8/2023
Job End Date:	8/26/2023

### Special Conditions of Employment

1. This offer of employment is contingent upon a successful background check.
2. This appointment is for “student” employment. This position is not eligible for University benefits except as may be specifically stated in this letter or required by law.
3. Your employment is considered at-will and you may be terminated for no reason or any reason.
4. Must be enrolled in the university system with a minimum of six credit hours in the current semester of employment; or have been enrolled the preceding semester for six or more credit hours and demonstrate plans to enroll for six or more credit hours in the next semester for employment between semesters; and have at least a 2.0 cumulative grade point average or approval from the chancellor or the chancellor’s designee.
5. To be considered exempt from FICA (Social Security and Medicare) tax for employment between academic semesters and the summer, you must meet the enrollment requirements stipulated by the IRS. If your student employment regularly exceeds 20 hours a week during a semester, you

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will have FICA (Social Security and Medicare) taxes withheld from your pay per IRS tax code 3121(b)(10) and 3306(c)(10)(B).

6. You will be responsible for notifying your supervisor of any change in your enrollment status which affects your eligibility for exemption from FICA tax and/or student employment. You authorize the release of your credit hour and grade point information for purposes of verifying your student employment eligibility.

*Failure to comply with these conditions may necessitate immediate termination from all student employment. Note: International students in an F-1 or a J-1 status are not eligible for a waiver to work more than 20 hours per week. Working over 20 hours per week while school is in session constitutes a reportable violation of immigration status.*

### **UAF COVID Requirements:**

At this time, all university employees are strongly encouraged to vaccinate themselves against the COVID-19 virus. While the federal government is not actively enforcing its COVID-19 vaccine mandates, including its mandate requiring vaccination of federal contractor employees, UAF remains contractually obligated as a federal contractor to comply with those requirements should federal enforcement efforts recommence. As a result, UAF may adjust its vaccination requirements for covered UAF employees (currently Troth Yeddha' campus and employees working in connection with certain federal contracts) at any time in the future, as needed, in order to comply with its contractual obligations.

### **General Conditions of Employment:**

This appointment and other terms and conditions of your employment are governed, in order of priority, by Regents' Policy, University Regulation, and applicable campus rules and procedures, as they presently exist or as they may be amended from time to time at the discretion of the university, as well as by the terms of this letter. At the end of this appointment you may or may not be offered a new appointment, at the sole option of the university.

Terms used in this agreement, including but not limited to at-will, etc., that have specific meanings and effects in Regents' Policy, University Regulation and applicable campus rules and procedures, shall have those meanings and effects when used in this agreement.

This letter states the terms of and is the sole agreement between you and the University, and no other agreements, discussions or representations shall affect the University's or your obligations under this agreement. Alterations to the terms of this letter are ineffective unless approved in writing by the hiring authority and Human Resources. Any action or claim brought upon this agreement, or relating to service pursuant to this agreement, must be brought in the State of Alaska and shall be governed by the laws of the State of Alaska. If any aspect of this contract is held to be unenforceable, it shall not operate to nullify or terminate this contract unless the portion held unenforceable is significant in terms of the agreement as a whole.

UA is an AA / EO employer and educational institution and prohibits illegal discrimination against any individual: [www.alaska.edu/nondiscrimination](http://www.alaska.edu/nondiscrimination)

You are subject to the Drug Free Workplace Act and must be and remain eligible for employment under the Immigration Reform and Control Act of 1986, as subsequently amended, and other state and federal laws. Ownership of intellectual property you may produce is governed by University Regulation 10.07.05 or, if applicable, the terms of a collective bargaining agreement. You are also subject to the Alaska

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Executive Branch Ethics Act (AS 39.52), as amended from time to time, and are required to complete and submit, to your supervisor, disclosure forms, including forms for "Disclosure of Employment or Activities Outside of the University of Alaska," "Ethics Determination Request," "Notification of Receipt of Gift," "Disclosure of Interest in Contracts/Grants/Leases/Loans." When disclosures are required they are due upon the occurrence of a disclosable event and, for outside employment and services, at least every July 1.

The referenced disclosure forms are available from your supervisor or University of Alaska General Counsel at:

<http://www.alaska.edu/counsel/ethics-information/>

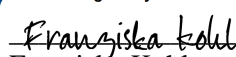
In addition, the Ethics Act requires, among other things, that you may not disclose or use information gained in the course of or by reason of your official duties that could result in the receipt of any benefit for you or an immediate family member, if the information has not also been disseminated to the public. Alaska Executive Act Ethics guidance produced by the Alaska Department of Law is available at:

<http://www.law.alaska.gov/doclibrary/ethics/EthicsInfo.html>

Please acknowledge receipt and acceptance of this position by signing and returning this letter to the ACEP HR office within ten days, with your original signature. You may wish to retain a copy for your records.

Sincerely,

DocuSigned by:


  
Franziska Kohl

April 13, 2023

Date

I accept the position described:

DocuSigned by:

  
Lisa Jacklin

April 16, 2023

Date

DocuSigned by:



Jennifer Harris, Executive Officer

cc: UA HR

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## Ethics Forms Requirement

The University of Alaska Fairbanks requires employees to disclose any outside employment or activities that may conflict with your university duties per the Alaska Executive Branch Ethics Act (AS 39.52.010-960). Employees are also required to disclose if their immediate family member is employed or applies for employment by the University of Alaska.

Please review the following and determine if it applies to you. If you have any questions or need a form sent to you in DocuSign please notify ACEP HR. All ethics forms may be found at:

[https://www.alaska.edu/hr/forms/hr\\_ethicsforms/](https://www.alaska.edu/hr/forms/hr_ethicsforms/)

### Disclosure of Employment of Immediate Family Member Form (Nepotism Form)

- For UA employees to disclose the employment of immediate family members.
- Both you and your family member will need to submit a disclosure form for each family member working at the university.
- **If applicable, this form should be submitted annually.**

### Employment or Service Outside UA Disclosure Form - Faculty, Staff, & Student Employees

- Used by faculty, staff, and student employees to disclose other employment, service, or activities outside of the University of Alaska.
- **If applicable, this form should be submitted annually.**

## Remote Work and Work Outside of Alaska Agreements

Remote work is a management-approved arrangement in which an employee works during scheduled work hours at a location away from a university-managed workplace. There are two types of remote work: telework and outside of Alaska work. **Once completed, this form does not need to be completed again unless your status or location changes.**

Please review the following and determine if it applies to you. If you have any questions or need a form sent to you in DocuSign please notify ACEP HR. All remote work forms may be found at: <https://alaska.edu/remotework/index.php>

### Formal Remote Work Agreement

- If your position will be working remotely (not including fieldwork) for 20% or more of your time, your supervisor will need to start a remote agreement form.

### Remote Work Outside of Alaska

- If you will be working outside the state of Alaska for more than thirty days, a remote work agreement form will need to be completed and you will need to fill out and submit a state tax withholding form.

### Cancelling Remote Work

- If you are no longer working remotely in Alaska or outside the state of Alaska, you will need to submit a Remote Work Agreement Cancellation Form. This should be completed as soon as you have returned to working in the office in Fairbanks, AK.

I agree that I have read the information concerning Ethics Forms, Remote Work, and Work Outside of Alaska Agreements. I will submit the appropriate forms as needed and will notify my supervisor and ACEP HR of any changes to my agreements.

DocuSigned by:

*Lisa Jacklin*

Signature 03E8D460...

April 16, 2023

Date

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**University of Alaska**  
**Personal Demographic Data**  
**(PPAIDEN)**

Campus (circle one) <b>UAA    UAF    UAS    SW</b>				Department D6ACEP
Last Name Jacklin		First Name Lisa		Middle Name
Employee ID 31239629				Work Phone

**NOTE:** Enter your last, first, and middle names above as they appear on your Social Security card; failure to do so may result in an inquiry by the Internal Revenue Service (IRS) or other federal, state, or University entities. For verification purposes and required tax reporting, the University may request that you present a valid Social Security card upon hire. *Complete all areas of this form in blue or black ink.*

**Mailing Address:** This address is used to mail pay checks, W-2 forms, benefits documentation, and other HR-related information.

PO Box 81582

Street Address or PO Box

Fairbanks

AK

99708

City

State

Zip Code

Home Telephone: ( 907 ) 4417466

☐ Check if phone number is for personnel file only (*not entered in HR system*)

Gender: Female Date of Birth: 01/18/2002 U.S. Citizenship? Y Marital Status: S

M=Male; F=Female

MM/DD/YYYY

Y=Yes; N=No\*\*\*

S=Single; M=Married

\*\*\*If you are not a U.S. Citizen, contact the regional Human Resources office immediately for further information.

**The following optional information is requested by the University to comply with federal and state statutes, administer its programs, or otherwise conduct business as an institution.**

**What ethnicity do you consider yourself?** (check one) ☒ Not Hispanic or Latino ☐ Hispanic or Latino

**What race do you consider yourself?** (check one or more)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Aleut/Unangax (AA)              | <input type="checkbox"/> Dené/Athabaskan - Gwich'in (DG)          | <input type="checkbox"/> Japanese (SJ)                    |
| <input type="checkbox"/> Haida (AH)                      | <input type="checkbox"/> Dené/Athabaskan - Han (DH)               | <input type="checkbox"/> Chinese (SC)                     |
| <input type="checkbox"/> Tlingit (AK)                    | <input type="checkbox"/> Dené/Athabaskan - Lower Tanana (DL)      | <input type="checkbox"/> Indian (Asian Subcontinent) (SN) |
| <input type="checkbox"/> Tsimshian (AM)                  | <input type="checkbox"/> Dené/Athabaskan - Holikachuk (DO)        | <input type="checkbox"/> Vietnamese (SV)                  |
| <input type="checkbox"/> Inupiaq (AQ)                    | <input type="checkbox"/> Dené/Athabaskan - Tanacross (DT)         | <input type="checkbox"/> Asian-Other (SO)                 |
| <input type="checkbox"/> Yup'ik (AY)                     | <input type="checkbox"/> Dené/Athabaskan - Upper Tanana (DU)      | <input checked="" type="checkbox"/> Filipino (SF)         |
| <input type="checkbox"/> Cup'ik (AC)                     | <input type="checkbox"/> Dené/Athabaskan - Upper Kuskokwim (DW)   | <input type="checkbox"/> Guamanian (SG)                   |
| <input type="checkbox"/> Eyak (AJ)                       | <input type="checkbox"/> Dené/Athabaskan - Deg Xinag (DX)         | <input type="checkbox"/> Native Hawaiian (SH)             |
| <input type="checkbox"/> Alutiiq/Sugpiaq (AL)            | <input type="checkbox"/> Alaska Native - Other (AN)               | <input type="checkbox"/> Samoan (SS)                      |
| <input type="checkbox"/> Siberian Yupik (AO)             | <input type="checkbox"/> American Indian (IN)                     | <input type="checkbox"/> Pacific Islander – Other (SP)    |
| <input type="checkbox"/> Dené/Athabaskan (AT)            | <input type="checkbox"/> First Nations (FN)                       | <input type="checkbox"/> Black or African American (BL)   |
| <input type="checkbox"/> Dené/Athabaskan - Ahtna (DA)    | <input type="checkbox"/> International Indigenous (II)            | <input checked="" type="checkbox"/> White (WH)            |
| <input type="checkbox"/> Dené/Athabaskan - Dena'ina (DD) | <input type="checkbox"/> Other Indigenous - Pacific Islander (IP) |   |
| <input type="checkbox"/> Dené/Athabaskan - Koyukon (DK)  | <input type="checkbox"/> Indigenous – Other (IO)                  |   |

**Emergency Contact**

*Note: HR only retains this information in the employee's personnel file in case of emergencies; however, employees can add their emergency contact information to the University system via the "Personal Information" menu in UAOnline.)*

Name Michael Jacklin Telephone 9072400955

Address \_\_\_\_\_



University of Alaska

Personal Demographic Data

(PPAIDEN)

Complete all areas in blue or black ink.

Name (Last, First, Middle)

Jacklin, Lisa, Marie

Employee ID

31239629

***Veteran Classification and Self-Identification***

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

☐ I identify as one or more of the classifications of protected veteran listed.

NOTE: If the Date of Discharge/Separation was within the last three years, you are considered to be a **"recently separated veteran."** Enter your date of discharge/separation date in the space provided below.

Date of Discharge/Separation (MM/DD/YYYY) \_\_\_\_\_

- ☐ Disabled Veteran
- ☐ Active wartime or campaign badge veteran
- ☐ Armed forces service medal veteran

☐ I am a protected veteran, but I choose not to self-identify the classification to which I belong

☐ I am not a protected veteran

☒ I am not a veteran

**Reasonable Accommodation Notice**

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

**Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

To request a reasonable accommodation, please submit your request to the campus ADA coordinator. Contact information for the ADA coordinator is located on the web site of the Statewide Office of Human Resources at <http://www.alaska.edu/hr/ada/>. Please refer to the University's affirmative action program for more information.

***Employee Acknowledgment***

I agree to perform the duties and responsibilities of my position and abide by Board of Regents Policy, University Regulation, and administrative procedures of the University as they now exist and as they may be duly amended or promulgated. I also authorize deductions from my pay of any amount due to the University of Alaska upon my termination of employment.

Employee Signature:

DocuSigned by:

Lisa Jacklin

C9CBDC9D3E8D460...

Date: April 16, 2023

**HR Office Use Only** Entered by: \_\_\_\_\_

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





**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**

OMB No. 1615-0047  
 Expires 10/31/2022

► **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) Jacklin		First Name (Given Name) Lisa		Middle Initial M	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 1970 Atna Court			Apt. Number N/A	City or Town North Pole		State AK
ZIP Code 99705			Date of Birth (mm/dd/yyyy) 01/18/2002		U.S. Social Security Number 5 7 4 - 3 5 - 2 2 9 3	
Employee's E-mail Address lmjacklin@alaska.edu				Employee's Telephone Number 9074417466		

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):

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): N/A 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: N/A OR 2. Form I-94 Admission Number: N/A OR 3. Foreign Passport Number: N/A Country of Issuance: N/A	

Signature of Employee <i>Lisa Jacklin</i>	DocuSigned by: C9C8D6C9D3E8D4F9	Today's Date (mm/dd/yyyy) 04/14/2023
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**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



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

## 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.")

<b>Employee Info from Section 1</b>	Last Name (Family Name) Jacklin	First Name (Given Name) Lisa	M.I. M	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Passport Card		Document Title N/A		Document Title N/A
Issuing Authority United Department of State		Issuing Authority N/A		Issuing Authority N/A
Document Number C28707667		Document Number N/A		Document Number N/A
Expiration Date (if any) (mm/dd/yyyy) 05/22/2032		Expiration Date (if any) (mm/dd/yyyy) N/A		Expiration Date (if any) (mm/dd/yyyy) N/A
Document Title N/A		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 5px; width: 60%;">           Additional Information         </div> <div style="border: 1px solid black; padding: 5px; width: 35%;">           QR Code - Sections 2 &amp; 3            Do Not Write In This Space         </div> </div>		
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any) (mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any) (mm/dd/yyyy) N/A				

**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): 05/08/2023 (See instructions for exemptions)

Signature of Employer or Authorized Representative <u>Cassandra Ellis</u>		Today's Date (mm/dd/yyyy) 04/18/2023		Title of Employer or Authorized Representative Senior Human Resources Coordinator	
Last Name of Employer or Authorized Representative Ellis		First Name of Employer or Authorized Representative Cassandra		Employer's Business or Organization Name Alaska Center for Energy and Power UAF	
Employer's Business or Organization Address (Street Number and Name) 1764 Tanana Loop			City or Town Fairbanks		State AK
					ZIP Code 99775

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

<b>LIST A</b> <b>Documents that Establish</b> <b>Both Identity and</b> <b>Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish</b> <b>Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish</b> <b>Employment Authorization</b>
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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and <b>b.</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. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		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 the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

Please attach your  
documents here



