AUTHORIZATION TO WORK

Welcome to Northland Pioneer College! We are excited to have you as part of our team. To ensure proper and prompt payment of salary, the attached forms need to be completed. Check off each item as it is verified. Please read instructions on all forms before filling them out. All forms must be error free and completed in full. Please send all forms back to Human Resources after completion.

[ ] 1. I-9 EMPLOYMENT ELIGIBILITY VERIFICATION: (Take this form with the needed documentation to your closest NPC Campus or Center for verification.) NOTE: See back of I-9 form for list of documents.

[ ] 2. PERSONAL DATA SEGMENT: To be completed and signed by employee.

[ ] 3. W-4 FEDERAL WITHHOLDING: To be completed and signed by employee per federal law.

[ ] 4. A-4 STATE WITHHOLDING: To be completed and signed by employee.

[ ] 5. STATEMENT OF REGISTRATION STATUS: Every person (male or female) must complete this form and sign it.

[ ] 6. ARIZONA STATE RETIREMENT STATUS FORM: To be completed and signed by employee.

[ ] 7. DIRECT DEPOSIT FORM (This form is optional, if you choose to participate, please attach voided check or bank printout to confirm routing and account number)

[ ] 8. ELECTRONIC SYSTEMS APPLICATION FORM (Have supervisor sign on appropriate line before submitting form to Human Resources)

You will not be allowed to work until you have been approved with a “good to go” from Human Resources. You will not receive a payroll check until we have received these completed forms from you along with a pay form from the supervisor. If you have any questions or need assistance please call Human Resources at 928-524-7470. Thank you for your cooperation.
Northland Pioneer College
EXPANDING MINDS • TRANSFORMING LIVES

PERSONAL DATA SEGMENT

CLASSIFICATION

☐ Full-time  ☐ Part-time  ☐ Adjunct Faculty  ☐ Student Work Study
☐ Temporary  ☐ Tutor  ☐ Other ______________________

PURPOSE

☐ New Employee  ☐ Information Update
☐ Name Change* (Previous Name ______________________)
   *Required employment forms must be completed to change name.

NAME: ___________________________________________ SOCIAL SECURITY #: _______________________

STREET ADDRESS: ___________________________________________

CITY: ______________________ STATE: _______ ZIP: ___________

MAILING ADDRESS: _______________________________________
(If different from street address)

TELEPHONE: ______________________ EMAIL: _______________

BIRTHDATE: ______________________ GENDER: ☐ Male  ☐ Female

CURRENT RETIREMENT STATUS

☐ AZ State Retirement Member  ☐ AZ State Retirement Retiree (Retirement Date: _______)  ☐ Neither

EMERGENCY CONTACT

NAME: ___________________________________________

RELATIONSHIP: _______________________________________

ADDRESS: ___________________________________________

TELEPHONE: ______________________

I certify that the above information is true and correct.

Signature ___________________________________________ Date ______________________

PUBLIC NOTICE OF NONDISCRIMINATION: Northland Pioneer College does not discriminate on the basis of race, color, national origin, religion, marital status, gender, age or disability in admission or access to, or treatment or employment in its educational programs or activities. Distinct procedures will be followed for compliance with Title IX and Section 504 requirements. The Affirmative Action Compliance Officer is the Director of Human Resources, 2231 E. Navajo Blvd., Holbrook, Arizona 86025, (928) 366-7135. The Section 504 Compliance Officer is the Coordinator of Disability Resources and Access, 1001 W. Cause of Civil, Show Low, Arizona 85901, (928) 365-1849. The lack of English language skills will not be a barrier to admission and participation in vocational education programs. Revised 3-16-12
HUMAN RESOURCES DEPARTMENT

Instructions for completing the attached I-9 form:

1. Take the I-9 form to your closest NPC campus or satellite center for verification.
   a. Take one document from list A or one document form list B and one document from list C (see back of I-9, Employment Eligibility Verification form for lists). Your name should appear the same on all documents presented.
   b. An NPC campus or center manager or their assistant must verify this form prior to completion by the close of business on the first day of employment.*

2. Return all forms to Human Resources.

3. Enclose a copy of your documents used to verify the I-9 form.

If you have any questions or need assistance with this form, please contact Human Resources at 928-524-7473. Thank you for your cooperation.

*It is the employee's responsibility to ensure work authorization does not expire and to present current work authorization documents upon request to prevent possible termination.
Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, 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) they will accept from an employee. The refusal to hire 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 (TDD), 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. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining 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.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. 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).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. 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. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

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

3. A lawful permanent resident: A lawful permanent resident is any person 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. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS within the United States, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the Handbook for Employers: Instructions for Completing Form I-9 (M-274) on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.
Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their 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, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. 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 contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and
   the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or revalidations. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274) or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee 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 issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee 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.

When the employee provides an acceptable receipt, the employer should:

1. Record the document type in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

See the Handbook for Employers: Instructions for Completing Form I-9 (M-274) at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.
Some employees may write "N/A" in the space provided for the expiration date 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 chose 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.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.

2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.

3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).

4. After completing Block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

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 more detailed information about completing Form I-9, employers and employees should refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274).
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the Handbook for Employers, you can download them from the USCIS Web site at www.uscis.gov/forms. 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. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

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

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available 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. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be 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:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil 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 will keep this form 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, 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

Section 1. Employee Information and Attestation

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<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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Date of Birth (mm/dd/yyyy) U.S. Social Security Number Email Address 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):

☐ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number):

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number:

Country of issuance:

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Date (mm/dd/yyyy):

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: 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
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 and document from List A OR examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
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<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
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<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
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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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: | Date (mm/dd/yyyy): | Print 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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
</tbody>
</table>
| 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. 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 | 6. Military dependent's ID card | 6. U.S. Citizen ID Card (Form I-187) |
| | 7. U.S. Coast Guard Merchant Mariner Card | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | For persons under age 18 who are unable to present a document listed above: | | |
| | 9. Driver's license issued by a Canadian government authority | | |
| | 10. School record or report card | | |
| | 11. Clinic, doctor, or hospital record | | |
| | 12. Day-care or nursery school record | | |

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Form W-4 (2015)

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 2015 expires on February 28, 1966. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your annual gross income exceeds $1,050 and includes more than $300 of unearned income (for example, interest and dividends). Exception: An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employer:

- Has filed a return and
- Is under age 55 or older,
- Is blind, or
- Has claims of adjustments to income, tax credit, or standardized deduction, or file a tax return.

The exceptions do not apply to supplemental wages greater than $1,050.

Basic Instructions: If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet is on page 2, and you must adjust your withholding allowances based on claimed deductions, credits, adjustments to income, and two or more valid allowances. Complete all worksheets that apply, but you may claim fewer (or zero) allowances. For regular wages, withholding must be based on adjustments 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 or other qualifying individuals. See Pub. 501, Standards for Determining Deductions, and Filing Information, for information.

Credit taxes. You can also project tax credits into account to reflect the 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 name and address of your record keeping system.

Nontaxable 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 unearned or any income. See Pub. 505 for details. If you are a nonresident alien, see Notice 784, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After you complete this tax return, see Pub. 505 to determine your tax amount. If you are having withholding questions, check your record keeping system. See Pub. 505, for information on errors and omissions.

Personal Allowances Worksheet (Keep for your records)

A Enter "1" for yourself if no one else can claim you as a dependent.

- If you are single and have only one job; or

- If you are married and have only one job, and your spouse does not work; or

- If your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.

B 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 Enter "1" if you file as head of household on your tax return. But, you may choose to enter "0" if you are married and have either a working spouse or more than one job.

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of Household above)

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. 505, Child and Dependent Care Expenses, for details)

G Child Tax Credit (including additional child tax credit). See Pub. 917, Child Tax Credit, for more information.

- If your total income will be less than $65,000 ($100,000 if married), enter "2" for each eligible child; or

- If your total income will be less than $65,000 ($100,000 if married), enter "1" if you have one or more eligible children or less than "1" if you have one or more eligible children.

H For accuracy, complete all worksheets that apply.

- If you plan to switch 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-Earner/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

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.

1 Your first name and middle initial

2 Your social security number

3 Single □ Married □ Married, but withhold at higher Single rate.

4 If you list income from other sources, enter the amount from line H on line 5 of Form W-4 below.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2015, 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.

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

Date

Note: This is not a valid unless you sign it.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2015)
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 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2018, you may have to reduce your itemized deductions if your income is over $300,000 and you are married filing jointly or a qualifying widow(er); $284,550 if you are head of household; $250,550 if you are single and not head of household or a qualifying widow(er); or $154,550 if married filing separately. See Pub. 505 for details. Enter: $12,600 if married filing jointly or qualifying widow(er)

2. Enter: $3,250 if head of household

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2018 nonwage income (such as dividends or interest).

7. Subtract line 5 from line 6. If zero or less, enter "-0-".

8. Divide the amount on line 7 by $4,000 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line 1, page 1.

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.

Two-Earners/Multiple Jobs Worksheet (See Two Earnings or Multiple Jobs on page 1.)

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

1. Enter the number from line 1, page 1 (or from line 1 above if you used the Deductions and Adjustments Worksheet).

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 these. Enter: -0-.

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.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 26 if you are paid every two weeks and complete this form on a date in January after the 26 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are:</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>$0 - $5,000</td>
</tr>
<tr>
<td>$5,001 - $10,000</td>
<td>$5,001 - $10,000</td>
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<td>$10,001 - $20,000</td>
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<tr>
<td>$90,001 - $115,000</td>
<td>$90,001 - $115,000</td>
</tr>
<tr>
<td>$115,001 - $200,000</td>
<td>$115,001 - $200,000</td>
</tr>
<tr>
<td>$201,001 and over</td>
<td>$201,001 and over</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are:</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>$0 - $75,000</td>
</tr>
<tr>
<td>$75,001 - $125,000</td>
<td>$75,001 - $125,000</td>
</tr>
<tr>
<td>$125,001 - $200,000</td>
<td>$125,001 - $200,000</td>
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<tr>
<td>$200,001 - $300,000</td>
<td>$200,001 - $300,000</td>
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<tr>
<td>$300,001 - $400,000</td>
<td>$300,001 - $400,000</td>
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<tr>
<td>$400,001 and over</td>
<td>$400,001 and over</td>
</tr>
</tbody>
</table>

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 and joint regulations require you to furnish this information to the Government. 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 is confidential, as required by Code section 6103. We estimate that it will take you: 60 minutes to complete this form. 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. 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 is 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.
Employee's Arizona Withholding Election

<table>
<thead>
<tr>
<th>Type or print your Full Name</th>
<th>Your Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address - number and street or rural route</th>
<th></th>
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</table>

<table>
<thead>
<tr>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
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<tbody>
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</tbody>
</table>

**Choose either box 1 or box 2:**

- **☐ 1** Withhold from gross taxable wages at the percentage checked (check only one percentage):
  - ☐ 0.8%
  - ☐ 1.3%
  - ☐ 1.8%
  - ☐ 2.7%
  - ☐ 3.6%
  - ☐ 4.2%
  - ☐ 5.1%

  - ☐ Check this box and enter an extra amount to be withheld from each paycheck ............. $[ ]

- **☐ 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.

SIGNATURE ___________________________ DATE __________

**Employee's Instructions**

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. This amount is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages of every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

**What are my “Gross Taxable Wages”?**

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pre-tax deductions, such as your share of health insurance premiums.

**New Employees**

Complete this form in the first five days of employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

**Current Employees**

If you want to change the current amount withheld, you must file this form to change the Arizona withholding percentage or change the extra amount withheld.

**What Should I do With Form A-4?**

Give your completed Form A-4 to your employer.

**Election of a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a percentage that applies to you.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.
STATEMENT OF REGISTRATION STATUS

As per Arizona Revised Statutes that became effective September 30, 1998, "a male person born after December 31, 1960, is not eligible to hold any office, employment, or service in any public institution in Arizona unless the person has registered with the Selective Service System." To comply, please complete the following statement:

_____ I certify that I am registered with Selective Service.

_____ I certify that I am not required to register with Selective Service because:

_____ I am in the armed services on active duty (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)

_____ I have not reached my 18th birthday

_____ I was born before 1960

_____ I am not a citizen of the United States

_____ I am female and am not required to register

Employee’s Signature ___________________________ Date _________________________

Employee Name (Please Print) ________________________________________________

Social Security Number ______________________________________________________

Revised March 2002
ARIZONA STATE RETIREMENT STATUS FORM

EMPLOYEE INFORMATION

NAME: ___________________________________________ NPC ID#: ____________________________

ADDRESS: ________________________________________________________________

CITY, STATE, ZIP: ____________________________________________________________

CAMPUS /CENTER: _______________________________ EMPLOYMENT DATE: ________________

MOST CURRENT/RECENT EMPLOYER OTHER THAN NPC IS/WAS ____________________________

Northland Pioneer College is a member of the Arizona State Retirement System (ASRS). By state mandate all current plan participants, Full-Time employees, employees who work 20 hours or more per week and Adjunct Faculty that teach 10 credit hours or more, are required to participate in the retirement system and have a payroll deduction for withholding to ASRS. (This deduction is matched by Northland Pioneer College.)

If you are currently working for another employer, or your past employer was an Arizona State Retirement System affiliate, you may be considered an ASRS participant and withholding of contributions must continue with your employment at Northland Pioneer College.

Please mark one of the options below:

_____ 1. I am currently participating in the Arizona State Retirement System through NPC or another employer.

_____ 2. I am currently retired from the Arizona State Retirement System **

_____ 3. Neither of the above statements applies

**If you marked option 2, please contact our payroll department before your first day of work to sign a retirement waiver of agreement/acknowledgement for audit purposes.

If your ASRS withholding status should change during employment with Northland Pioneer College, please contact payroll to update your information.

Employee Signature

__________________________________________________________

Date Social Security #

Contact Human Resources at 928-524-7473 if you require help with this form.
EMPLOYEE AUTHORIZATION FOR INITIATING, REVISIING & CANCELLING AUTOMATIC DEPOSITS

I hereby authorize Northland Pioneer College (NPC) to initiate credit entries and if necessary, adjustment entries to the accounts indicated below. I further authorize the Financial Institution named below to accept such entries and to credit the amount thereof to such accounts.

Employees have the option of selecting up to 3 accounts to have their paycheck deposited into. Please be sure to indicate the dollar amount, NOT the percentage, of your check that you want deposited into each account. For example an employee may choose to have $100 deposited into a savings account, another $100 deposited into a checking account and the remaining balance (net pay) deposited into a 3\textsuperscript{rd} account. Or an employee can choose to have their entire check deposited into one account.

This form must have an attached Voided Check, a Direct Deposit Authorization Slip or a Bank Print-out of the routing and account number for your direct deposit to be processed. You may contact your financial institution for a direct deposit authorization and account number verification page to use for checking and saving accounts. Please note, routing numbers cannot begin with a 5.

<table>
<thead>
<tr>
<th>FINANCIAL INSTITUTION NAME:</th>
<th>ADDRESS:</th>
<th>CITY:</th>
<th>STATE</th>
<th>ZIP:</th>
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<td>BRANCH:</td>
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<td>ROUTING #:</td>
<td>ACCOUNT #:</td>
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<td></td>
<td>CHECKING or SAVINGS (Circle one)</td>
<td>NET PAY TO BE DEPOSITED:</td>
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<tr>
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<td></td>
<td>CHECKING or SAVINGS (Circle one)</td>
<td>AMOUNT TO BE DEPOSITED:</td>
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<thead>
<tr>
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<td></td>
<td>CHECKING or SAVINGS (Circle one)</td>
<td>AMOUNT TO BE DEPOSITED:</td>
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</tbody>
</table>

This authority is to remain in full force and effect until NPC and the Financial Institution has received written notification from me of its termination in such time and manner as to afford NPC and the Financial Institution a reasonable opportunity to act upon it. Authorization will take effect not less than 10 days after acceptance by the Financial Institution.

Do not close your existing account until you have notified the Payroll of your intent to change your account. If a deposit is made to your account and it is closed, there may be a delay in receiving a replacement payroll check until NPC verifies that it has received a refund from your Financial Institution.

Employee Name: ___________________________ ID #: __________________
Signature: ___________________________ Date: __________________
Northland Pioneer College
Electronic Systems Application Form (ESAF)

Instructions
New Employees: The employee’s supervisor or the Human Resources department shall initiate this form. Check NEW in section 1 and enter today’s date; 2, 3 and 5 are required. Once these areas have been completed, the employee must acknowledge and sign in section 4. If the named employee requires access to student data and/or financial data to perform his/her job duties, be sure to fill out section 6.

Existing Employees: Check UPDATE in section 1 and enter today’s date. Fill out Section 2 in full. Fill out sections 3, 5, and 6 as appropriate to suit your modification request. Once these areas have been completed, the employee must acknowledge and sign in section 4.

Section 7 requires the Employee’s Supervisor’s signature to verify all information and requests are correct.

Please submit this form to the HR Department for verification. They will forward to the Support Center for processing. The Support Center will follow-up on issues/problems with the submitted form.

Section 1: Request Type
Request Type: NEW ☐ UPDATE ☐ Date:
Employee Type: Faculty ☐ Adjunct ☐ Contracted ☐ Temporary ☐ Vendor ☐

Section 2: Personal Information
First Name: Last Name:
NPC ID: DOB:
Official Job Title: Supervisor:
Office location (campus, building, room):
Phone:
In case of questions from the IS Department

Section 3: NPC Alert System
You will be contacted via the NPC Alert system in the event of a closure, emergency, and evacuations affecting employees, students, and community members. Please provide at least one alternate (non-work) phone number and e-mail address to be used for delivering these alerts.
Mobile Phone: Alternate E-mail:
Home Phone: Please indicate your preference on contact methods for alerts (check all that apply)
Text Message: ☐ Call to Cell: ☐ Call to Home: ☐ E-mail: ☐

Section 4: Statement of Responsibility
Access to NPC computing facilities and resources is granted to members of the Northland Pioneer College community to conduct College business and instruction with the understanding that such access is a privilege and carries with it responsibilities. Use of these facilities to interfere with the privacy and security of others, for political purposes or for personal financial gain is prohibited. Applicable Federal and Arizona State Laws as well as College policies and procedures will be enforced to the fullest extent. Please note that your data is yours to care for. NPC is not responsible for restoring data lost through user mismanagement. Your password is the primary protection for your files, your applications and your account(s). You are responsible for all activity under your account. Never tell anyone your password, never write it down, and always change it after you receive your account or after Information Services changes your password. Please be aware that NPC owns or co-owns data within any College system. Further information on the policies and procedures governing NPC computing facilities is contained in Procedures 2130 & 2131. NPC reserves the right to conduct maintenance and fault isolation routines which may affect user data and network connectivity.

- I have read the above Statement of Responsibility and agree to abide by its provisions and those outlined in the Northland Pioneer Computer Account Procedures 2130 & 2131, in full.
- I understand that all employees are required to use college email when conducting college business by email and that use of non-NPC email for college business is a violation of College policies.

Employee Signature ____________________________ Date ____________________________

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Section 5: Equipment, Email Group, Phone, Shared Drives Request

| Desk PC: ☐ | Mobile PC: ☐ | Desk Mac: ☐ | Mobile Mac: ☐ | Phone: ☐ | Long Distance ☐ |
| Email Groups (list): |
| Shared Drives (list): |

Section 6: Student Data /Financial Access (data manager authorization required)

**Student Data Access:**
Place a check mark on access needed.
Access to student data: ☐ Special access to student data: ☐
List access needed ____________________________
__________________________________________
__________________________________________

Authorized by: ______________________________ Date: ____________________________

*Director of Enrollment Services*

**Financial Access:**
Place a check mark on access needed:

- ☐ Cashier - Station Assigned
- ☐ General Ledger
- ☐ Purchase Order/Requisitions
- ☐ Budget Manager - Full Access
- ☐ Budget Manager - Limited Access (No Salaries)
- ☐ Student Billing
- ☐ Accounts Payable
- ☐ Human Resources / Payroll

Department ____________________________ Department ____________________________ Department ____________________________
List the department numbers needed for budget access. If additional department numbers requested, please attach a separate sheet.

Authorized by: ______________________________ Date: ____________________________

*Director of Financial Services or designee*

Section 7: Supervisor Approval

Please check each box that will apply to the employee's access, sign and send to the HR Department for processing.

Supervisor Signature ____________________________ Date: ____________________________

Section 8: Information Services Use

Received by: ____________________________ Date: ____________ Processed by: ____________________________ Date: ____________
Employee's Account ID (Computer/system Login name): ____________________________
Employee's NPC email address: ____________________________
Special Notes: ____________________________
______________________________
______________________________
______________________________
______________________________
______________________________

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