



101 WEST CENTER STREET, LOGAN, UT 84321
WWW.LOGANSCHOOLS.ORG

P 435 755 2300
F 435-755-2311

New Employee Information

Employee's Name : _____ (_____)
First Middle Last Maiden

Social Security Number: _____ - _____ - _____ Preferred First Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Home Address: _____
Street City State Zip Code

Date of Birth: _____ Gender: Female Male

Race:

- White
- American Indian or Alaskan Native
- Hispanic or Latino
- Asian
- Black or African American
- Pacific Islander
- Two or more races

Marital Status:

- Single
- Married

Emergency Contact: _____ Relationship: _____

Address: _____

Emergency Contact's Home Telephone: _____ Cell Number: _____

Please return this form to the Department of Human Resources
at the Logan City School District Office.



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Payroll Direct Deposit Bank Designation

Logan City School District uses a direct deposit method for payroll compensation. Net pay is deposited into a bank account of the employee's choice on the 25th of each month. The information below is required to process your direct deposit payments:

Employee's Name: _____
 First Middle Last Maiden

Social Security Number: _____ - _____ - _____

Bank or Credit Union Name: _____

Bank or Credit Union Address: _____
 Street City State Zip Code

For Direct Deposit purposes please indicate:

___ Checking account: Account Number: _____

___ Savings account: Account Number: _____

You must provide PROOF of this account. Please attach a voided check or account verification.

Employee's Signature

Date

Please note: Bank designation can be changed anytime upon written notification to the District's Payroll Department, 101 West Center, Logan, UT 84321, at least five days prior to payday.

Please return this form to the Department of Human Resources
at the Logan City School District Office.



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Responsible Use Agreement for Staff

LCSD Staff Responsible Use Agreement (RUA)

The Board adopted the Electronic Device Use Policy on January 27, 2015.
The Board adopted the Responsible Use Policy on August 11, 2015.

Background (Section I)

The District's Responsible Use Policy, Electronic Device Use Policy, Privacy Policy, and Data Policy are to prevent unauthorized access and other unlawful activities by users online, prevent unauthorized disclosure of or access to sensitive information, and to comply with federal and state law, as well as, current industry standards. Examples of federal law, state law, and industry standards include:

Children's Internet Protection Act (CIPA)

Federal Educational Rights and Privacy Act (FERPA)

Children's Online Privacy Protection Act (COPPA)

Student Privacy Pledge -standards for third party vendors working with school districts

Digital Advertising Alliance (DAA) standards for online behavioral and interest-based advertising

Utah Code Ann. § 53A-3-422 Internet and Online Access

Utah Code Ann. §53A-1-402.5 Employee Ethical Conduct

As used in this agreement, "user" includes anyone using the computers, Internet, email, chat rooms and other forms of direct electronic information and communication systems (including individually assigned and network equipment) provided by the District regardless of the physical location of the user. The Responsible Use Agreement (RUA) applies even when district provided equipment (laptops, tablets, etc.) is used off of district property.

The District will use technology protection measures to block or filter, to the extent practicable, access of visual depictions that are obscene, pornographic, and harmful to minors over the network. The District reserves the right to monitor users' online activities and to access, review, copy, and store or delete any electronic communication or files and disclose them to others as it deems necessary. Users should have no expectation of privacy regarding their use of district property, network and/or Internet access or files, including email.

The District will take all necessary measures to fortify the network against potential cyber security threats. This may include blocking access to district applications -including but not limited to email, data management and reporting tools, and other web applications -outside the United States and Canada.



Irresponsible and Unacceptable Uses of the Computer Network or Internet (Section 2)

Following are examples of inappropriate activity on the district information and communication systems, in addition to the items noted below the District reserves the right to take immediate action regarding activities (1) that create security and/or safety issues for the District, students, employees, schools, network or computer resources, or (2) that expend district resources on content the District in its sole discretion determines lacks legitimate educational content/purpose, or (3) other activities as determined by the District as inappropriate.

- Violating any state or federal law or municipal ordinance, such as: accessing or transmitting pornography of any kind, obscene depictions, harmful materials, materials that encourage others to violate the law, confidential information, or copyrighted materials; *
- Criminal activities that can be punished under law;
- Selling or purchasing illegal items or substances;
- Circumventing or attempting to circumvent the district's content filtering system(s);
- The unauthorized collection of email addresses ("harvesting") of e-mail addresses from the Global Address List and other district directories;
- Obtaining and/or using anonymous email sites; spamming; spreading viruses;
- Causing harm to others or damage to their property, such as:
 1. Using profane, abusive, or impolite language; threatening, harassing, or making damaging or false statements about others; cyber bullying or accessing, transmitting, or downloading offensive, harassing, or disparaging materials;
 2. Deleting, copying, modifying, or forging other users' names, emails, files, or data; disguising one's identity, impersonating other users, or sending anonymous email;
 3. Damaging computer equipment, files, data or information and communications equipment in any way, including intentionally accessing, transmitting, or downloading computer viruses or other harmful files or programs, or disrupting any computer system performance;
 4. Using any district computer to pursue "hacking," internal or external to the District, or attempting to access information protected by privacy laws; or
 5. Accessing, transmitting or downloading large files in a way that will inhibit use or affect the performance of district information and communication systems.
- Engaging in uses that jeopardize access or lead to unauthorized access into others' accounts or other computer networks, such as:
 1. Using another's account password(s) or identifier(s);
 2. Interfering with other users' ability to access their account(s); or
 3. Disclosing a personal password or anyone's password to others or allowing persons to use an account that is not their own.
- Using the network or Internet for commercial purposes:
 1. Using the Internet for personal financial gain;
 2. Using the Internet for personal advertising, promotion, or financial gain; or
 3. Conducting for-profit business activities and/or engaging in non-government related fundraising or public relations activities such as solicitation for religious purposes, and lobbying for personal political purposes.

**For some specific examples of what the District considers pornographic, obscene, violent, or harmful, and for current information about working with confidential and copyrighted materials, as well as other specific examples related to this section, users should consult annual information and communication systems training and updates.*



Responsible Uses of the LCSD Computer Network or the Internet (Section 3)

Schools must verify each year staff using district information and communication systems have a signed page acknowledging this agreement. Signed staff agreements are kept on file by each school. Compliance with district information and communication systems policy is reviewed with staff each year during annual critical policy reviews or as part of new staff induction processes.

Employees and other users are required to follow district policies for information and communication systems. Even without signature, all users must follow district policies and report any misuse of the network or Internet to a supervisor or other appropriate district personnel. Access is provided primarily for education and district business. Incidental personal use by staff should follow district policies and occur during duty-free time. By using the network, users have agreed to comply with district policies. If a user is uncertain about whether a particular use is responsible or appropriate, he or she should consult a supervisor or other appropriate district personnel.

Staff Responsibilities Related to Students and Others regarding Internet Safety, Digital Citizenship, and Responsible Use of Information and Communication Systems (Section 4)

1. Students under the age of eighteen should only access LCSD accounts under the supervision of an instructor or legal guardian. The student's parent or guardian is responsible for monitoring the minor's use out of school and instructors and/or administrators are responsible for monitoring the minor's use in school.
2. District instructors and/or administrators will participate in annual trainings and updates for students or parents/legal guardians regarding the protection of personal information in digital environments.
3. District instructors and/or administrators will participate in annual trainings and updates for students about personal safety regarding the use of digital devices; including, not meeting anyone in person they have only met on the Internet, not engaging in cyber bullying or harassment, and when and how to seek assistance when feeling threatened or harassed. Parents or legal guardians shall be invited to participate in these student trainings when appropriate.
4. District staff and administrators will actively support the training, updates, and compliance by students, guests, and peers with all district policies relating to district information and communication systems.

Penalties for Improper Use (Section 5)

The use of a district account(s) and district information and communication systems is a privilege, not a right, and misuse will result in the restriction or cancellation of the account. Misuse may also lead to disciplinary and/or legal action for employees; including, dismissal from district employment, or criminal prosecution by government authorities. The District will attempt to tailor any disciplinary action to the specific issues related to each violation. Lost or stolen items due to neglect, deliberate damage, and/or incidental damage caused by neglect of district property require the completion of a damage report and may result in partial or full reimbursement to the District for losses resulting from a violation of this agreement.



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Disclaimer (Section 6)

District makes no guarantees about the quality of the services provided and is not responsible for any claims, losses, damages, costs, or other obligations arising from use of the information and communication systems or accounts. Any additional charges a user accrues due to the use of the district's information and communication systems or accounts are to be borne by the user. The District also denies any responsibility for the accuracy or quality of the information obtained through user access. Any statement, accessible on the district information or communication systems, or the Internet, social media, and cloud services, is understood to be the author's individual point of view and not that of the District, its affiliates, or employees.

**STAFF RESPONSIBLE USE AGREEMENT
SIGNATURE PAGE**

I have read, understand, and agree to abide by the provisions of this Responsible Use Agreement, the Logan City School District Responsible Use Policy, and the Electronic Device Use Policy of the Logan City School District.

Date: _____

School: _____

Employee Name (Print): _____

Employee Signature: _____

Please return the signature page of this form to the district office where it will be kept on file. It is required for all employees that will be using a computer network and/or Internet access.



SICK LEAVE BANK NOTIFICATION AND ENROLLMENT

Sick Leave Bank Notification

Employees of the Logan City School District whose contracts include leave benefits may elect to participate in the District's *Sick Leave Bank* as outlined in Article 7 of the employees' respective *Negotiated Agreement*. Participation in the *Sick Leave Bank* is voluntary.

Employees must notify the Department of Human Resources in writing no later than September 15 of the fiscal year in which they wish to join the *Sick Leave Bank*. Employees hired after September 15 of any given fiscal year, and who elect to participate in the *Bank*, must notify Human Resources in writing within thirty (30) calendar days from the date of initial hire or wait until the next fiscal year to join.

As per *Negotiated Agreement*, "Participating Employees donate one (1) day of annual sick leave each fiscal year until the *Bank* has accumulated at least one-thousand (1000) days; thereafter, no additional days are donated until the *Bank* balance is depleted to five-hundred (500) days. An Employee's participation in the *Sick Leave Bank* automatically renews each fiscal year unless the Employee notifies Human Resources in writing by September 15 of the fiscal year in which the Employee wishes to discontinue participation. An Employee who discontinues participation in the *Bank* may not withdraw days thereafter, even those days which such Employee previously contributed."

Sick Leave Bank Enrollment

Please enroll me in the District's voluntary *Sick Leave Bank* as outlined in the Logan City School District's *Negotiated Agreements*.

Name: _____ Employee ID Number: _____

School/Location: _____ Position: _____

Employee's Signature: _____ ***Date:*** _____

<i>Human Resources Use Only</i>	Employee's Hire Date:
Date received:	Received by:

<i>Payroll Office Use Only</i>	
Date received:	Entered by:



VERIFICATION OF PREVIOUS EXPERIENCE AS A LICENSED EDUCATOR

SECTION A – To be completed by the LICENSED EDUCATOR

Educator: After completing Section A, please send this form to your former District for verification of previous experience as a licensed educator.

Educator's Full Name:	Social Security Number:
Mailing Address (City, State, Zip Code):	Phone Number:

SECTION B – To be completed by the FORMER DISTRICT/EMPLOYER

Former District/Employer: Please provide verification of this former employee's contracted experience as a licensed educator in your District/Accredited School. Each year of professional service should be listed on a separate line (please use the back of this form, if needed, for additional years). Each year must have required a valid Educator license in order to qualify as one year experience. Experience as a substitute teacher should not be included.

Name of District:		Mailing Address (City, State, Zip Code):				Phone:		Date of Verification:			
School Year	Beginning Date of Employment	Ending Date of Employment	Name of School	Is this a K-12 or Special Education Accredited School?		Position Held	Was an Educator License Required for this Position?		How Many Days were Considered a Full Contract Year?	How Many Days did this Educator Work?	What was the Educator's FTE Percentage? (1.0 = Full-time)
				Yes	No		Yes	No			
				Yes	No		Yes	No			
				Yes	No		Yes	No			
				Yes	No		Yes	No			
				Yes	No		Yes	No			
				Yes	No		Yes	No			
Total Years of Previous Experience as a Licensed Educator in Your District/Accredited School:								Years:		Months:	

CERTIFYING OFFICER: Please provide your name, title, and signature of verification.

Name:	Title:	Signature:
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Upon completion of this form, please return to:	For questions or assistance with this form, please contact:
<ul style="list-style-type: none"> Nicole Humpherys, Human Resource Specialist 101 West Center, Logan, UT 84321 FAX (435) 755-2311 Nicole.humpherys@loganschools.org 	<ul style="list-style-type: none"> Nicole Humpherys, Human Resource Specialist -- (435) 755-2300 ext. 1015 Nicole.humpherys@loganschools.org

Legal Liability Protection for Public School Employees

You and your public school have broad liability coverage through the State Risk Management Fund, hereinafter the “Fund.”

Lawsuits are defended by the Litigation Division of the Utah Attorney General’s Office.

FUND COVERAGE SUMMARY

If a civil claim or a civil lawsuit for damages is brought against you for acts or omissions occurring:

- during the performance of your duties,
- within the scope of your employment, or
- under color of authority,

You may have the following rights under the Governmental Immunity Act of Utah:

- to have any lawsuit defended by an attorney at no cost to you, and
- to have any settlement or judgment paid on your behalf.



SECURING COVERAGE

To secure these rights you must:

- Immediately notify your school of any claim or lawsuit;
- Immediately forward to your school all legal documents served on you;
- Make a written request to your school for defense and indemnification within ten days after service of a lawsuit; and
- Cooperate in the subsequent investigation and defense, including making an offer of judgment if requested.

WHAT IS NOT COVERED?

Your rights to defense and payment of claims or judgments do not cover acts or omissions involving:

- Fraud;
- Willful misconduct;
- Impairment due to your use of alcohol or drugs; or
- False testimony under oath.



Criminal Defense Protection

If criminal charges are filed against you for acts or omissions occurring:

- during the performance of your duties,
- within the scope of your employment, or
- under color of authority,

as a public-school employee, you may have the right under Utah Code 52-6 to recover from your employing school reasonable attorneys’ fees and court costs, if the indictment or information is quashed, dismissed or results in an acquittal, unless it is quashed or dismissed on motion of the prosecuting attorney. The Fund does NOT provide an attorney or pay for attorneys’ fees incurred in defending a criminal case; nor does it cover or pay for any fines, fees, or any other costs assessed in a criminal case.



Additional Insurance Options

	Civil Liability Coverages	Civil coverage not provided by Governmental Immunity Act of Utah or the Fund	Criminal Defense Coverages
State Risk Fund	Coverage for employees is generally consistent with the Utah Governmental Immunity Act and the statutory limitations of liability. Primary coverage includes General Liability; Auto Liability; Employment Practices Liability; Errors & Omissions; Directors & Officers; and Faithful Performance, generally with limits of \$10 Million per occurrence.	N/A	No criminal defense coverage.
UEA	Coverage limits: \$1 million per occurrence in damages awarded, \$3 million per occurrence aggregate, \$3 million per member per occurrence for legal defense, except civil rights; \$300,000 per occurrence of civil right claims inclusive of defense costs. Coverage is excess of any statutory protection, such as your Governmental Immunity Act coverage with the Fund.	Bail bond premiums, up to \$1,000 per bond covered; Personal property damage caused by assault up to \$500 covered; Licensure or credential hearing defense until reasonable disposition of case is reached.	\$35,000 per employment related criminal proceeding if exonerated from all charges, if charges are withdrawn or dismissed or if case is the result of corporal punishment. Up to \$5,000 in defense of criminal charges within the scope of employment, determined on a case-by-case basis. Coverage is excess of any statutory protection, such as UCA 52-6.
AFT	Coverage limits are \$1 million per member and \$2 million aggregate, except \$250,000 per member per year for denial of constitutional rights. Coverage is excess of any statutory protection, such as your Governmental Immunity Act coverage with the Fund.	Bond premium available if required for the defense of a suit; Personal property damage caused by assault up to \$250 covered; \$10,000 assault death benefit covered; \$5,000 defense costs in licensure or credential hearing covered.	\$35,000 per member per year for school related criminal charges if completely exonerated or if case results from corporal punishment. Coverage is excess of any statutory protection, such as UCA 52-6.
AAE	Coverage limits are \$2 million per occurrence per claim. Coverage applies to legal actions arising out of duties as an employee of education entity.	Bail bond premiums, up to \$1,000 per bond covered. Guaranteed access to attorney if job is threatened with termination, demotion, suspension, transfer, or other disciplinary action. \$35,000 in attorney's fees for injunctive relief (threat to license).	\$50,000 per school related criminal proceeding if exonerated from charges. \$10,000 per member per claim in legal coverage for corporal punishment. Coverage is excess of any statutory protection, such as UCA 52-6.

For additional information about your rights please see the following:
 The Utah Governmental Immunity Act UCA 63G-7; Reimbursement of Criminal Defense Costs UCA 52-6;
 Your Risk Manager or Business Official; or
 The Utah State Division of Risk Management
 4315 S 2700 W
 Salt Lake City, Utah 84129
 (801) 957-7170

*The information provided here is a general description and comparison of coverages. For a detailed explanation of coverages you may refer to the statutes cited above and coverage brochures provided by UEA & AFT.
 AAE – www.aeteachers.org for information.
 AFT - www.ut.aft.org for information
 UEA - www.myuea.org for information



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Legal Liability Protection for School Employees

I understand that Logan City School District and its employees receive liability coverage through the Utah State Division of Risk Management. I acknowledge that I have received the "*Legal Liability Protection for School Employees*" pamphlet which provides general descriptions of my liability protection as a school district employee.

Employee Name: _____

Signature: _____ Date: _____

Please return this form to the Department of Human Resources
at the Logan City School District Office.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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