

SUBSTITUTE PAPERWORK CHECK LIST

- ☐ Completed application on-line at <https://www.applitrack.com/fortlee/onlineapp/default.aspx>
- ☐ Complete steps for Substitute Certification Process
- ☐ Completed fingerprinting and upload clearance to your application
 - Verification of Continuous Employment if transferring fingerprints from another district.
- ☐ Official Transcripts (by email to jmurphy@flboe.com, mail, or submitted in sealed envelope from school)
- ☐ Complete Fort Lee New Hire Paperwork
 - Completed and **signed Federal W-4**
 - Completed and **signed NJ W-4**
 - Direct Deposit with voided check or bank account print out
 - Completed and **signed I-9**
Make copies of identification documents for I-9 (see List A OR List B and C on Form I-9), such as:
 - **Passport** (List A)
 - **Permanent Resident Card** (List A)
 - **Driver's License** (List B)
 - **Government ID Card** (List B)
 - **Social Security Card** (List C)
 - **Birth Certificate** (List C)
 - Completed Mantoux Test Form
 - Completed and notarized Criminal Non-Conviction form
 - **Copy of Social Security card attached for payroll**
 - Completed and signed Supplement for Application



A Guide for Applicants: How to Apply for a Substitute Credential or CTE Substitute Credential

Updated January 2021

Step One: Seek and Obtain a Sponsor School District or Organization for Criminal History Record Clearance.

The sponsoring organization should be the candidate's teacher preparation program, school district, or vendor organization that the candidate will serve (such as [Source4Teachers](#) or [Insight Educational Workforce Solutions](#)). If the candidate plans to substitute in multiple school districts, he or she must select at least one for application purposes.

Step Two: Complete Criminal History Record Check Process

1. Pay administrative fee(s) for the [criminal history background clearance](#) and print out the Identogo New Jersey Universal Fingerprint Form from the New Jersey Department of Education (NJDOE) [Office of Student Protection webpage](#) (\$11);
2. Go to the [Identogo Website](#) to schedule an appointment and pay fingerprinting fees (\$66.05 for those who have never been fingerprinted in New Jersey, or \$29.75 if previously printed through the NJDOE subsequent to March 2003).
3. Attend the scheduled appointment time and get fingerprinted. Make sure to bring the following to your scheduled appointment:
 - Picture Identification (ID) Note: Foreign passports will no longer be accepted as proof of identification;
 - Identogo New Jersey Universal Fingerprint Form; and
 - [Verify criminal history status form.](#)

Step Three: Apply for the Substitute Credential Online

Apply online in the [Teacher Certification Information System \(TCIS\)](#) for the substitute credential and pay the \$125.00 application fee. Questions concerning technical use of TCIS may be resolved by emailing TCIS techassist@doe.nj.gov.

Upon completion of the online application, Applicants should record their individual Tracking Number generated by TCIS during the application process, and then deliver the following information/documentation with your tracking number to [Fort Lee Public School](#).

Contact Jaime Murphy or Tammi Gil at 201-585-4612 to set up an appointment.

1. Sealed college transcripts proving at least 60 college credit hours (substitute credential) **or** signed letter from employer documenting work experience (CTE substitute credential only); and
2. Approved [criminal history status check](#).

Fort Lee Public Schools

Central Administration Offices

2175 Lemoine Avenue, 6th Floor, Fort Lee, New Jersey 07024

Phone: 201.585.4612 ♦ Fax: 201.585.7997

www.FLBOE.com

Mr. Kenneth J. Rota
Superintendent of Schools

Ms. Jaime Cangialosi-Murphy
Director of Human Resources

MEMORANDUM

To: New Employee

From: Jaime Cangialosi-Murphy
Director of Human Resources

Date: 2020-2021 School Year

Re: Welcome Packet

Welcome to Fort Lee Public Schools and congratulations on your appointment. Enclosed, please find new employee paperwork which you must complete:

- Directions to Obtain Substitute Certification
- District Paperwork & Required Documents
- Payroll Documents

Upon completion of this paperwork, please email Jaime Murphy at jmurphy@flboe.com or Tammi Gil at tgil@flboe.com to set up an appointment to submit and review documentation.

Thank you.

FINGERPRINTING PROCESS PUBLIC SCHOOL

Step 1 - Access www.nj.gov/education/crimhist/ and select “File Authorization & Make Electronic Payment for Criminal History Record Check.”

Step 2 - Select one of the following options:

“**New Administration Fee Request**” (new applicants only) *

“**Archive Application Request**” (previously fingerprinted for public school employment only) **

“**Transfer Request**” (substitutes and bus drivers only) ***

Step 3 - Select the appropriate AA&C form that is suitable to your job position and employer.

Step 4 - Complete the requested application as prompted: Input Information and Legal Certification; Payment (credit or debit card); **Submit**. You will need the following information — ORI Number: **NJ930100Z**; Contributor Case Number: **03-1550**; Category: **EDK**; Document Type: **RBI**; State Statue Requiring Fingerprinting: **N.J.S.A. 18A:6-7.2**; Reason for Fingerprinting: Public School Employment - 2F1FB1

Step 5 - (for new applicants only) - After completing the transaction, you will be presented with three required steps.

1) Click “**View and/or print your New Administration Fee Payment Request confirmation page.**” Print two copies of confirmation page; one copy to submit to the HR once and one copy for your records.

2) Select , “**Complete and/or print your IndentoGO NJ Universal Fingerprint Form.**” Complete any unpopulated blocks on the IndentoGO NJ Universal Fingerprint form. Once the form is complete, click on the “Submit” button and print form. A printed copy of this form is to be presented to Idemia (formally known as Morpho Turst) at the time of the LiveScan Fingerprinting appointment.

3) Click “**Schedule an Appointment**” to be redirected to the Indemia appointment page (www.bioapplicant.com/nj) to schedule appointment and pay the fee. If you have a question regarding appointment, call **1-877-503-5981** to reach Indemia.

Fingerprint results can be viewed at <http://www.nj.gov/education/educators/crimhist/> (click on “Applicant Approval Employment History” and enter your SSN and DOB). **[Print results and up-load to Applitrack.](#)**

FEES INVOLVED:

* **New**—approximate fee of \$77.05 (includes Administrative Fee + Fingerprint Fee)

** **Archive**—approximate fee of \$30.75 (includes Administrative Fee + Archival Fee)

*** **Transfer** —\$6.00

For more information you may visit the following website:
<http://www.nj.gov/education/crimhist/>



Fort Lee Public Schools

Central Administration Offices

2175 Lemoine Avenue, 6th Floor ✧ Fort Lee, New Jersey 07024

Phone: 201.585.4612 ✧ Fax: 201.585.7997

www.FLBOE.com

Memorandum

To: Personnel/Payroll Department
From: Tammi Ann Gil, Human Resource
Date: Officer August 2020
Re: Verification of Continuous Employment

The Fort Lee School District wishes to employ the applicant listed below as a substitute. In order for our district to be in compliance with the approval procedures for those candidates who have previously been employed as substitutes as established by the Office of Criminal History Review, this school district must confirm that this candidate has been continuously employed with your district, with no break in service. Please complete the bottom portion of this memorandum and return to Tammi Gil, Human Resource Officer via fax at 201-585-7997. If you should have any questions, you may contact me at 201-585-4612 ext 7516 or via email at tgil@flboe.com.

Thank you in advance for your assistance in this matter.

----- APPLICANT RELEASE -----

I, _____, hereby give permission to release my employment history to
(please print name)
the Fort Lee School District, Human Resource Department.

Signature: _____ Date: _____

Candidate Name: _____ District: _____

Period of Employment: From _____ to _____ Position: _____

I hereby certify that the above information being provided to the Fort Lee School District is factual.

Signature of District Administrator

Title

Date



Fort Lee Public Schools

Central Administration Offices

2175 Lemoine Avenue, 6th Floor ✧ Fort Lee, New Jersey 07024

Phone: 201.585.4612 ✧ Fax: 201.585.7997

www.FLBOE.com

NOTIFICATION OF NEW JERSEY FIRST ACT

“Effective September 1, 2011, all employees of State and local government must reside in the State of New Jersey, unless exempted under law. If you already work for State or local government as of September 1, 2011, and you do not live in New Jersey, you are not required to move to New Jersey. However, if you begin your office, position or employment on September 1, 2011 or later, you must reside in New Jersey. If you do not reside in New Jersey, you have one year after the date you take your office, position or employment to relocate your residence to New Jersey. If you do not do so, you are subject to removal from your office, position or employment.”

I _____ (print full name) hereby solemnly swear to have read the information provided regarding the New Jersey First Act and understand that I must either remain a resident of New Jersey, become a resident of New Jersey within one year from the date of employment or apply for a hardship exemption through the New Jersey Department of Labor and be approved prior to moving out of New Jersey. Failure to do so may deem my employment contract null and void.

Signature

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, _____.

NOTARY PUBLIC

Application for exemption from the provisions of N.J.S.A. 52:14-7a of the New Jersey First Act can be found on the following link: http://lwd.dol.state.nj.us/labor/forms_pdfs/lwdhome/Legal/HARDSHIPEXEMPTIONFORM.pdf

Employee Residency Review Committee, Department of Labor & Workforce Development

PO Box 110

Trenton, NJ 08625-0110

Email: NJFirst@dol.state.nj.us

Fax: 609-292-2359



Fort Lee Public Schools

Central Administration Offices

2175 Lemoine Avenue, 6th Floor ♦ Fort Lee, New Jersey 07024

Phone: 201.585.4612 ♦ Fax: 201.585.7997

www.FLBOE.com

STATE OF NEW JERSEY)

COUNTY OF BERGEN)

Social Security Number _____

(Attach copy of social security card)

_____, of full age, upon his/her oath says:

1. I am a candidate for employment by the Fort Lee Board of Education.
2. I have never been convicted of any crime or disorderly person offense in any jurisdiction which would prohibit my employment pursuant to N.J.S.A 18A:6-7.1.
3. I am making this statement in order that I may be employed provisionally, pending completion of a criminal history background check.
4. The foregoing statements made by me are true. I am aware that if the foregoing statements are shown to have been willfully false I am subject to punishment.
5. I understand that it is my responsibility to report to the Superintendent of Schools an arrest or indictment for any crime of offense within 14 calendar days. The report shall include the date of arrest or indictment and charge(s) lodged against me. I will further report to the Superintendent of Schools the disposition of any charges within seven calendar days of disposition. I understand that failure to comply with these reporting requirements may be deemed "just cause" pursuant to N.J.A.C. 6A:9-17.5.

Signature

Sworn to and subscribed before me on this _____ day of _____, _____.

NOTARY PUBLIC



Fort Lee Public Schools

Central Administration Offices

2175 Lemoine Avenue, 6th Floor ♦ Fort Lee, New Jersey 07024

Phone: 201.585.4612 ♦ Fax: 201.585.7997

www.FLBOE.com

Supplement for Application

For a position in the Fort Lee Public Schools, New Jersey

Each candidate will be required to submit this Supplemental Form as an enclosure with the Application for Employment as an inserted sheet.

To the extent of your knowledge, define specifically your relationship, if any, by birth or marriage, with any current spouse, and/or with any Administrator within the Fort Lee Public School System and/or this Administrator's spouse. These Administrators will include only the following: Superintendent of Schools, Assistant Superintendent of Schools, Director of Curriculum, Business Administrator/Board Secretary, and School Principals. If you do not know of any such relationship, your response should be: NONE.

Candidate's response to the above item:

Name: _____

Social Security #: _____

Telephone No.: _____

Date: _____

Signature: _____

Fort Lee Public Schools

Central Administration Offices

2175 Lemoine Avenue, 6th Floor, Fort Lee, New Jersey 07024

Phone: 201.585.4612 Fax: 201.585.7997

Mantoux Test Form

Employee Information (Completed by Employee)

Name: _____ Position: _____

Emergency Contact Name and Relation: _____

Emergency Contact Phone Number(s): _____

Tuberculosis Test/Mantoux:

If the employee has received a Mantoux test within the last twelve (12) months you may submit that documentation in place of completing this section.

Date Administered		Date Read		Results	
-------------------	--	-----------	--	---------	--

If positive TB result:

Induration: _____mm

Chest X-Ray Date and Results (if applicable): _____

INA Therapy/Medication administered: Yes ____ No ____

Date Started (if yes): _____ Date Ended: _____

Name of Physician/Health Care Provider (Printed)

Address: _____

Phone #: _____ Fax #: _____

Physician's Signature: _____ Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

State of New Jersey - Division of Taxation

Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner	
Name				
Address				
City	State	Zip		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here			3.	
4. Total number of allowances you are claiming (see instructions)			4.	
5. Additional amount you want deducted from each pay			5. \$	
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here . . .			6.	
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.				
Employee's Signature			Date	
Employer's Name and Address			Employer Identification Number	

BASIC INSTRUCTIONS

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)/Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE or MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable non wage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD or QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.
- Your exemption is good for **ONE** year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at 609-292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount).

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED

WAGE CHART

Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R W A G E S	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E

FORT LEE BOARD OF EDUCATION
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

- ☐ First Time-Setup
- ☐ Change Direct Deposit Information
- ☐ Cancel Direct Deposit

Name: _____

Social Security Number: _____

Phone Number: (Current Daytime Number) _____

Work Location: _____

- The Payroll Department uses account and routing numbers to electronically transfer payroll funds directly to your account.
- Failure to verify accuracy of account information with your financial institution will cause delays or improper transfers.
- Without the proper forms, the direct deposit will not be processed.

Attach your bank information here:

Checking Accounts: Pre-printed check (please do not use starter checks or deposit slips. Write the word VOID on the check).

Savings Accounts: Pre-printed deposit slip.

If you are depositing monies into 2 accounts, please fill out both Items 1 and 2.

1. Primary - Please check one of the following: ☐ Checking ☐ Savings

Bank Name: _____

Transit Routing Number (must be 9 digits): _____

Account Number: _____

2. Secondary - Please check one of the following: ☐ Checking ☐ Savings

Bank Name: _____

Transit Routing Number (must be 9 digits): _____

Account Number: _____

Deposit Amount: _____

I understand this authorization will begin within two payroll cycles from receipt. It will remain in effect until I give written notice to Fort Lee Board of Education to change or terminate this authorization.

Signature

Date

Fort Lee Public Schools

Central Administration Offices

2175 Lemoine Avenue, 6th Floor, Fort Lee, New Jersey 07024

Phone: 201.585.4612 ♦ Fax: 201.585.7997

www.FLBOE.com

Mr. Kenneth J. Rota
Superintendent of Schools

Ms. Jaime Cangialosi-Murphy
Director of Human Resources

Dear New Employee,

This letter is intended to inform you that the district is using the Systems 3000 Employee Portal System. This system allows our employees to have online access to their paystubs and W-2 forms electronically.

Please follow the directions below to set up your user account.

1. Go to the website www.doculivery.com/systems3000-ftlee. This is the web based system; therefore you can access the site from any computer.
2. Enter your ID - This is your last name and the last 4 digits of your social security number.
3. Enter your password – this is the last four digits of your social security number.
4. Upon successful login you will be prompted to change your password to a 6 digit code. You will be the only person who will know your password, so please chose something easy to remember.
5. Once you have set up your account, there is a tab on top labeled pay stubs. If you click the tab you will be able to view your current and past paystubs as needed.
6. There is also a tab labeled W-2, when selected you will be able to view your W-2, upon availability. If you wish to receive your W-2 in an electronic format, as opposed to a paper format, you must check the box on the right hand side to indicate. Please note: if you wish to receive a paper copy you do not need to do anything. Your electronic copy will be accessible either way however if you select the box indicating you wish to receive an electronic copy you will not receive a paper W-2.
7. Please make sure you log off when you are finished.

If you have any questions you may call or email my office at 201-585-4615/16 or tgil@flboe.com/lbutler@flboe.com.

Sincerely,

Jaime Cangialosi-Murphy

Director of Human Resouces

New Jersey New Hire Reporting Form

Federal and state legislation (N.J.S.A. 2A:17-56.61) requires all New Jersey employers, both public and private, to report to the state of New Jersey all newly hired, contracted, rehired, or returning to work employees. Information about new hire reporting and online reporting is available on our website: www.nj-newhire.com.

Send completed forms to:
New Jersey New Hire Directory
PO Box 4654
Trenton, NJ 08650-4654
Toll-free fax: 1 (800) 304-4901

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C

1 2 3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please enter the same FEIN used to report the employee's quarterly wages.):

22 - 6001810

Employer Name:

F O R T L E E B O A R D O F E D

Employer Payroll Address:

2175 L E M O I N E A V E

6 T H F L O O R

Employer City:

F O R T L E E

Employer State:

N J

Zip Code (5 digit):

07024

Employer Phone (optional):

Extension:

Employer Fax (optional):

Email Address:

EMPLOYEE INFORMATION

Employee Social Security Number (SSN):

- -

Is this employee an
Independent Contractor?

Yes ☐ No ☐

Employee First Name:

Middle Initial:

Employee Last Name:

Employee Address:

Employee City:

Employee State:

Zip Code (5 digit):

Date of Hire (MMDDYY):*

Date of Birth (MMDDYY):

* The Date of Hire is defined as the date an employee first performed services for pay.

Reports must be submitted within 20 days of date of hire or rehire. Failure to report could result in a fine.

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING

Questions? Call us at (609) 631-0330 or toll-free 1 (877) NJ -HIRES

Rev (11/08)



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

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

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

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

Preparer and/or Translator Certification (check one):

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

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

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

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

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

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

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

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

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

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

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 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. 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 		<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 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 	<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

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

Refer to the instructions for more information about acceptable receipts.