GRADUATE ASSISTANTSHIP CONTRACT
FY 2020 (Academic Year 2019-2020)
Upon recommendation of the Chair of the appropriate Department/Division/Office, the student below has been awarded a GRADUATE ASSISTANTSHIP.

Student: ____________________________________________

Email Address: _______________________________________

Student ID: _______________________________________

The student must meet the following conditions:

1. The assistantship will be in the Department/Division/Office of _________________________________.

   □ Summer II  □ Fall  □ Spring  □ Summer I

   Award $___________  Hours _____________

   NOTE: Check only 1 box! If funds are coming from grant or department funds, please record Fund and Org. # at the top right corner of this form.

2. The student will be expected to carry out responsibilities of the graduate assistantship (GA-ship) as designated by the supervisor. Start and end dates of the GA-ship coincide with the University Academic Calendar dates for the term. Students must keep a monthly timesheet for hours worked. The expected workload is 225 hours for the fall, 225 hours for the spring, and 80 hours per summer term. Contracts for more than the base $2600 (Summer II), $4200 (Fall), $4200 (Spring), and $2700 (Summer I) require additional hours relative to the amount awarded. Total award and hours must be noted on this contract prior to submission to the Office of Graduate Studies. The student must complete all necessary tax documents and additional required forms with the DSU Human Resources Department in order to be eligible to begin work.

3. The Department/Division/Office is responsible for verifying hours according to student-maintained timesheets and for scheduling work hours to ensure that the student does not exceed 27.5 hours per week. Monthly GA-ship timesheets must be turned in to the Office of Graduate Studies no later than the 5th business day of the following month.

4. The student must be a full-time, degree-seeking graduate student. Students who have been dropped from a degree program or who withdraw from course(s) and become less than full-time will not be eligible for a GA-ship the subsequent semester.

5. The Department/Division/Office may cancel the GA-ship at any time during the semester if the student fails to carry out the responsibilities of the GA-ship as designated by the student's supervisor. Students who have had their GA-ship cancelled are not eligible for a GA-ship the subsequent semester.

6. A student who has had a GA-ship canceled due to withdrawing from school or otherwise failing to meet the obligation of the agreement as outlined above is responsible for any financial obligations to the University that have not been satisfied by wages earned against the GA-ship. Students who fail to satisfy these financial obligations will not be allowed to re-enter Delta State University, nor will they be able to obtain a copy of their transcript until all such obligations are met. That is, students must repay the University for time not worked.

7. The GA-ship stipend will be paid through the Student Business Services office since the student must visit the SBS office to apply the stipend toward balances owed to the University. Payment for the term is normally made the last working day of July (Summer II), September (Fall), February (Spring), and June (Summer I).

Accepted: ___________________________  Date: ____________
   (Graduate Student)

Accepted: ___________________________  Date: ____________
   (Supervisor/Department Chair)

Accepted: ___________________________  Date: ____________
   (Dean/Administrator)

Accepted: ___________________________  Date: ____________
   (Dean of Graduate Studies)

The student must return this contract and all required forms to:
OFFICE OF GRADUATE STUDIES
KENT WYATT HALL, SUITE 239
P: 662-846-4700 | grad-info@deltastate.edu

For Graduate Studies/HR use only:
Grad Studies sends completed original contract to the HR Department
HR sends E-verified contract to Grad Studies
Grad Studies emails copy of contract to student and supervisor w/timesheet template
Grad Studies sends list of GAs to SBS
Grad Studies and HR keep copy of contract for departmental records

Position # ___________

Updated 02/25/2019
Graduate Assistantship
Applicant Checklist
FY 2020 (Academic Year 2019-2020)

Please complete the following and return ALL documents to
Delta State Graduate Studies (Kent Wyatt 239; grad-info@deltastate.edu)

NAME ____________________________________________________________

____ Graduate Assistantship Contract for FY 2020

____ Professional Resume

____ Human Resources Packet
   - Use the included annotated copy as a guide

____ W-4 Form

____ MS Employer's Withholding Exemption Certification

____ I-9 Forms

____ Copies of 2 Proofs of Identification
   - As listed under "Acceptable I-9 Documentation"

____ Selective Service Eligibility and Verification
   - Write "N/A" if this does not apply

____ Active Shooter Training Certificate

____ Sexual Harassment Training Results
TAX NOTICE:

International Students
The United States has tax treaties with a number of foreign countries. Under these treaties, residents of foreign countries are taxed at a reduced rate or are exempt from US federal taxes on certain items of income they receive from sources within the United States.

Please review the information on the IRS website concerning these treaties for more information.

https://www.irs.gov/businesses/international-businesses/united-states-income-tax-treaties-a-to-z

If eligible, you should consult with your tax preparer to determine if you should claim this exemption.

You can revise your tax status by completing a new W4 Federal Tax form and returning it to Human Resources, Kent Wyatt Hall 249.

Changes will be effective on the next pay period after receipt of the form.
Employee’s Withholding Certificate

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

(b) Last name

(c) Social security number

Address

City or town, state, and ZIP code

☐ Single or Married filing separately

☐ Married filing jointly (or Qualifying widow(er))

☐ 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 online estimator, 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 2020 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 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.

Employer’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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 of your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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 the 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 (a). 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. Step 3 of Form W-4 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 2020 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.

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.

   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.

   c Add the amounts from lines 2a and 2b and enter the result on line 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.

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).

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

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income.

2 Enter:
   " $24,800 if you're married filing jointly or qualifying widow(er)
   $18,650 if you're head of household
   $12,400 if you're single or married filing separately"

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "0:"

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
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<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
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<td>$20,000 - 29,999</td>
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<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
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<td>$110,000 - 120,000</td>
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</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
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<tr>
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<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>
MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee’s Name: [Name]
Employee’s Social Security Number: [SSN]
Employee’s Residence: [Address]
Number and Street: [Street]
City or Town: [City]
State: [State]
Zip Code: [Zip]

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Personal Exemption Allowed</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Single</td>
<td>□ Enter $6,000 as exemption ... →</td>
<td>$</td>
</tr>
<tr>
<td>2. Marital Status</td>
<td>(a) □ Spouse NOT employed: Enter $12,000 →</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>(b) □ Spouse IS employed: Enter that part of $12,000 claimed by you in multiples of $500. See instructions 2(b) below. →</td>
<td>$</td>
</tr>
<tr>
<td>3. Head of Family</td>
<td>□ Enter $3,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 3(e) and 3(d) below. →</td>
<td>$</td>
</tr>
</tbody>
</table>

**Employer:**

File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.

Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.

<table>
<thead>
<tr>
<th>4. Dependents</th>
<th>Number Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Age 65 or older Husband □ Husband □ Wife □ Single</td>
</tr>
<tr>
<td></td>
<td>□ Blind Husband □ Husband □ Wife □ Single</td>
</tr>
<tr>
<td></td>
<td>Multiply the number of blocks checked by $1,500. Enter the amount claimed →</td>
</tr>
</tbody>
</table>

**Military Spouses: If you meet the conditions set forth under the Service Member Residency Relief Act and Exemption from Mississippi Withholding:**

6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5 → $ |

7. Additional dollar amount of withholding per pay period if agreed to by your employer → $ |

**Military Spouses:**

Military Spouses Relief Act and Exemption from Mississippi Withholding:

8. If you meet the conditions set forth under the Service Member Residency Relief Act and Exemption from Mississippi Withholding, write "Exempt" on line 8. You must attach a copy of the Federal Form DD 2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or am entitled to claim exempt status.

Employee’s Signature: [Signature]
Date: [Date]

**INSTRUCTIONS:**

1. The personal exemptions allowed:
   (a) Single Individuals $6,000
   (b) Married Individuals Jointly $12,000
   (c) Head of family $5,500
   (d) Dependents $1,500
   (e) Age 65 and Over $1,500
   (f) Blindness $1,500

2. Claiming personal exemptions:
   (a) Single Individuals enter $6,000 on Line 1.
   (b) Married Individuals are allowed a joint exemption of $12,000.
   (c) If the spouse is not employed, enter $12,000 on Line 2(a). If the spouse is employed, the exemption of $12,000 may be divided between taxpayer and spouse in any manner they choose. For example, the taxpayer may claim $6,000 and the spouse claims $5,500, or the taxpayer may claim $3,000 and the spouse claims $5,500. The total claimed by the taxpayer and spouse may not exceed $12,000. Enter amount claimed by spouse on Line 2(b).
   (d) Head of family: A head of family is any individual who maintains a home which is the principal residence for himself and at least one other dependent. Single individuals qualifying as a head of family may enter $5,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (e).
   (e) An additional exemption of $1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any personal who resides in the home and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent residing in the home. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (f).

3. Total Exemption Claimed:
   Add the amount of exemptions claimed in each category and enter the total on Line 5. This amount will be used as a base for withholding income tax under the appropriate withholding tables.

4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.

5. PENALTIES ARE IMPOSED FOR WILFULLY SUPPLYING FALSE INFORMATION.

6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.

To comply with the Military Spouses Residency Relief Act (PL111-97) signed on November 11, 2009.
Section 1: Employee Information and Attestation

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

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

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

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _______________________
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____________
   - Some aliens may write "N/A" in the expiration date field. (See instructions)

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

- [ ] 1. Alien Registration Number/USCIS Number: ________________
- [ ] OR Form I-94 Admission Number: ________________
- [ ] OR Foreign Passport Number: _______________________
  - Country of Issuance: _______________________

Signature of Employee: ____________________________

Today's Date (mm/dd/yyyy): ________________________

Preparer and/or Translator Certification (check one):

- [ ] I completed this form and attested to the accuracy of the information contained therein.
- [ ] A preparer, translator, or employer completed this form and attested to the accuracy of the information contained therein.

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): ________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

Form I-9 10/21/2019
**Section 2: Employer or Authorized Representative Review and Verification**

Employer or Authorized Representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. The expiration date of each document must be no later than the employee's first day of employment. A combination of one document from List A and one document from List B is required on the List of Acceptable Documents. A copy of the employee's foreign passport or any other document used to support the Continued Employment Authorization in the space provided below is required.

**Employee Info from Section 1**

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

**List A: Identity and Employment Authorization**

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

Addisonal Information

**List B: Identity**

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**List C: Employment Authorization**

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

**Additional Information**

**QR Code - Section 2**

Do Not Write In This Space

---

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

The employee's first day of employment (mm/dd/yyyy): [ ]

(See instructions for exemptions)

**Signature of Employer or Authorized Representative**

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becker</td>
<td></td>
<td>Human Resources Specialist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer's Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rachel</td>
<td>Delta State University</td>
</tr>
</tbody>
</table>

**Employer's Business or Organization Address (Street Number and Name)**

1003 W. Sunflower Road

**City or Town**

Cleveland

**State**

MS

**ZIP Code**

38733

---

**Section 3: Reverification and Renewal**

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.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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**

<table>
<thead>
<tr>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

Form I-9 10/21/2019

Page 2 of 3
Acceptable I-9 Documentation:
Please submit one of the following

- ONE (1) document from List A
  - Only one document is required if submitted from List A
- ONE (1) document from List B AND ONE document from List C
  - Employee cannot submit two items from the same list

LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>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</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>(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</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>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</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>10. School record or report card</td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td>11. Clinic, doctor, or hospital record</td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td>12. Day-care or nursery school record</td>
</tr>
</tbody>
</table>

Review all documents to ensure that they are not expired and comply with all restrictions above.
SELECTIVE SERVICE ELIGIBILITY AND VERIFICATION

As of January 01, 2000, all new male employees must complete this form regarding their eligibility for Selective Service registration. Males age 18 through 26 who are required to register for Selective Service must provide verification of registration or exemption as a condition of employment. It applies to all male employees of Delta State University, including faculty, staff, and students regardless of title or source of funds. If the new employee is unable to provide verification of registration or exemption, they cannot work. For assistance, contact the Human Resources department at 846-4035.

INSTRUCTIONS: To be completed immediately by all new male employees on or before first day of employment

Name: (Please Print)

Last
First
Middle

Social Security Number: ___________ / ___________ / ___________

Section 1 - Registration Based on Age

1. Are you a male age 18 through 26? (Circle One) YES NO

If YES, go to Section 2.

If NO, return this form to the Human Resources department. The Human Resource department will keep this information in your employment records file.

Section 2 - Registration Based on Status

1. As a male age 18 through 26, are you required to register for Selective Service? (Circle One)
   YES You are required to register if you are a male U.S. citizen or immigrant alien male.
   NO You are not required to register if you are a lawful non-immigrant alien on a student, visitor, tourist, or diplomatic visa; on active duty in the U.S. Armed Forces; or attending certain service academies.

If YES, go to Section 3.

If NO, return this form to the Human Resources department. The Human Resource department will keep this information in your employment records file.

Section 3 - Verification of Registration or Exemption

1. The Selective Service card issued upon registration. (Attach a copy of the card to this form)
2. Telephone verification. Call 846-688 to obtain telephone verification of registration.

Selective Service Number:

If you have not yet registered, you must register IMMEDIATELY or you will not be able to be employed at Delta State University. You may register either on-line at http://www.sss.gov or at the nearest post office. The supervisor or department head will initiate termination to any employee who does not provide appropriate documentation to the Human Resources department within three weeks of their employment date.

Verification of Exemption

Please state the reason you are exempt: __________________________________________. Exemptions are extremely rare and only include children of diplomats assigned to embassies in the United States, and individuals who are part of trade commissions or embassies of foreign countries. Exemptions do not include student deferments or conscientious objectors. The Human Resource department will contact you for further information and documentation.

I certify that all the information, including attachments, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or if hired, termination.

Employee Signature __________________________________________ Date Signed ______/_____/____
DELTA STATE UNIVERSITY

Required Trainings Notice

The following trainings are required of all Delta State University employees by order of the Governor:

Active Shooter Situations
Sexual Harassment

Student employees are required to complete trainings prior to their first day of work.

Once complete, employees should:

- Print the certificate showing score earned on final quiz
- Sign and print name of employee on the certificate.
  - All names must be legible
- Write employee 900# on certificate
- Date certificate

Certificates showing successful completion of the required trainings must be attached to new student employee packet.

STUDENT EMPLOYEES WILL NOT BE ENTERED INTO THE SYSTEM & CANNOT BE PAID UNTIL BOTH TRAININGS ARE COMPLETED.

Please keep the attached instructions for completing the trainings!
Active Shooter Situations Webcast Instructions

In an Internet Explorer browser, go to http://www.mspb.ms.gov/active-shooter-situations.aspx.

Step 1. Click the Active Shooter Situations Webcast.

You may be prompted to enable adobe flash. Click allow and proceed.

Step 2. Watch all 22 Modules and complete all 3 Quizzes. (Approx. 20 mins)

If at any time you need to exit, you can click the link above again and click yes to resume.

Step 3. At completing Quiz 3, Print & Submit results page.

Print the final quiz results screen (module 20). Please print your name, sign the form and include your 900 number.

Submit your completed form to HR. You MUST have a passing score of 80%.

To print, hit CTRL key + P key.

OR

To Screen Shot and Paste in Word Document:
CTRL + ALT + PRTSEn
Open a Word Document and CTRL + V
Sexual Harassment Training Instructions:
The State of Mississippi requires all employees of Delta State University to complete Sexual Harassment Training prior to starting employment.


1. Click **Sexual Harassment Awareness and Prevention Webcast**

2. Watch all 37 Modules (approx. 30 mins)

3. Take 5 question final quiz, print & submit results page

   Print the final quiz results screen in module 35 (not the 3-question pre-test in module 24). Sign and date the document and submit to HR (by email to rbecker@deltastate.edu or in campus mail, KWH 249).

   You must have a passing score of 80%.

   To print, hit CTRL key + P key, Select File & Print, or use Ctrl + PrtScn to take a screen shot and paste it into a printable Word Document.
Employee's Withholding Certificate

Step 1: Enter Personal Information

(a) First name and middle initial
(b) Last name
(c) Social security number

Address

City or town, state, and ZIP code

Choose one classification:
- Single or Married filing separately
- Married filing jointly (or Qualifying widow(er))
- 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)

Step 2: 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 online estimator, and privacy.

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 2020 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 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

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

(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

(c) Extra withholding. Enter any additional tax you want withheld each pay period

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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2020)
**MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

**Employee's Name**

**Employee's Residence**

**Marital Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Amount Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td></td>
</tr>
<tr>
<td>Single (Check One)</td>
<td></td>
</tr>
<tr>
<td>Spouse NOT employed: Enter $12,000</td>
<td></td>
</tr>
<tr>
<td>Spouse IS employed: Enter that part of $12,000 claimed by you in multiples of $500. See instructions 2(b) below.</td>
<td></td>
</tr>
</tbody>
</table>

**Head of Family**

You may claim $1,500 for each dependant, other than for taxpayer and spouse, who receives child support from you and qualifies as a dependent for Federal income tax purposes.

4. **Dependants**

<table>
<thead>
<tr>
<th>Age and Blindness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 65 or older</td>
</tr>
<tr>
<td>Husband</td>
</tr>
<tr>
<td>Wife</td>
</tr>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Blind</td>
</tr>
<tr>
<td>Husband</td>
</tr>
<tr>
<td>Wife</td>
</tr>
<tr>
<td>Single</td>
</tr>
</tbody>
</table>

Multiply the number of blocks checked by $1,500. Enter the amount claimed...

5. **Total Amount of Exemption Claimed**

Lines 1 through 8...

6. **Additional Dollar Amount of Withholding per Pay Period**

7. **Military Spouse Residency Relief Act**

8. If you meet the condition set forth under the Service Members Civil Reliefs Act, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form 20-2051 and a copy of your Military Spouses ID Card to this form so your employer can validate the exemption claim...

**INSTRUCTIONS**

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or am entitled to claim exempt status.

**Employee's Signature**

**Date**

---

<table>
<thead>
<tr>
<th>1. Tax exempt exemption allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Single Individuals $9,000 or less</td>
</tr>
<tr>
<td>(b) Married Individuals (Joint) $12,000 or less</td>
</tr>
<tr>
<td>(c) Ages 65 and Over $3,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Claiming persons' exemptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Single individuals enter $9,000 on Line 8.</td>
</tr>
<tr>
<td>(b) Married individuals enter $12,000 on Line 8.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Total Exemption Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add all amounts of exemptions claimed for each category and enter the total on Line 8.</td>
</tr>
</tbody>
</table>

**Penalties are imposed for wilfully supplying false information.**

**If this employee fails to file an exemption certificate with this employee, income tax must be withheld by the employer on total wages without the benefit of exemption.**

To comply with the Military Spouses Residency Relief Act (PL111-207) signed on November 13, 2009.
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See Instructions)
☐ 3. A lawful permanent resident ( Alien Registration Number/USCIS Number): 
    (Note: some aliens may write "NA" in the Alien Registration Number field. (See Instructions)

☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write "NA" in the expiration date field. (See Instructions)

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

☐ 1. Alien Registration Number/USCIS Number: 

☐ 2. Form I-94 Admission Number: 

☐ 3. Foreign Passport Number: 

Country of Issuance: 

Signature of Employee: 

Date of Employment: 

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’s Telephone Number: 

Employee’s E-Mail Address: 

U.S. Social Security Number: 

Citizen/Non-Citizen: 

Address (Street Number and Name): 

City or Town: 

State: 

ZIP Code: 

Employer’s Telephone Number: 

Employee’s E-Mail Address: 

U.S. Social Security Number:
Acceptable I-9 Documentation
Please submit one of the following:

- **ONE (1) document from List A OR**
- **ONE (1) document from List B AND ONE document from List C**
  - Employee cannot submit two items from the same list

**LISTS OF ACCEPTABLE DOCUMENTS**
All documents must be UNEXPIRED
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-681 stamp or temporary I-516 printed notation on a machine-readable immigrant visa</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport and</td>
<td></td>
</tr>
<tr>
<td>b. Form I-64 or Form I-94A that has the following:</td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport and</td>
<td></td>
</tr>
<tr>
<td>(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</td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-844 indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Driver's license or ID card issued by a State or territory possessing the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>3. School ID card with a photograph</td>
<td></td>
</tr>
<tr>
<td>4. Voter's registration card</td>
<td></td>
</tr>
<tr>
<td>5. U.S. Military card or draft record</td>
<td></td>
</tr>
<tr>
<td>6. Military dependent's ID card</td>
<td></td>
</tr>
<tr>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
</tr>
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<td>8. Native American tribal document</td>
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<tr>
<td>9. Driver's license issued by a Canadian government authority</td>
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<tr>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
</tr>
<tr>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
</tr>
<tr>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>2. Certification of birth issued by the Department of State (Form DS-1350, DS-645, DS-240)</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>4. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>5. U.S. Citizen ID Card (Form I-97)</td>
<td></td>
</tr>
<tr>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
<tr>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
</tr>
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Review all documents to ensure that they are not expired and comply with all restrictions above.
Selective Service Eligibility and Verification

As of January 01, 2000, all new male employees must complete this form regarding their eligibility for Selective Service registration. Male age 18 through 26 who are required to register for Selective Service must provide verification of registration or exemption as a condition of employment. It applies to all male employees of Delta State University, including faculty, staff, and students regardless of title or source of funds. If the new employee is unable to provide verification of registration or exemption, they cannot work. For assistance, contact the Human Resources department at 846-4015.

Instructions: To be completed immediately by all new male employees on or before first day of employment.

Last Name (Please Print) ____________________________ First Name ____________________________ Middle Name ____________________________

Social Security Number: ____________________________ / ____________________________ / ____________________________

Section 1: Registration Based on Age

1. Are you a male age 18 through 26? (Circle One) YES NO

If YES, go to Section 2.
If NO, return this form to the Human Resources department. The Human Resources department will keep this information in your employment records file.

Section 2: Registration Based on Status

1. As a male age 18 through 26, are you required to register for Selective Service? (Circle One)
   YES You are required to register if you are a male U.S. citizen or qualified alien male.
   NO You are not required to register if you are a lawful non-immigrant alien on a student, tourist, or diplomatic visa; on active duty in the U.S. Armed Forces; or attending certain service academies.

If YES, go to Section 3.
If NO, return this form to the Human Resources department. The Human Resources department will keep this information in your employment records file.

Section 3: Verification of Registration or Exemption

1. The Selective Service card issued upon registration. (Attach a copy of the card to this form)
2. Telephone verification. Call 847-686-3888 to obtain telephone verification of registration.

Selective Service Numbers:

If you have not yet registered, you must register IMMEDIATELY or you will not be able to be employed at Delta State University. You may register either on-line at http://www.sss.gov or at the nearest post office. The supervisor or department head will initiate termination to any employee who does not provide appropriate documentation to the Human Resources department within three weeks of their employment date.

Verification of Exemption:

Please state the reason you are exempt: ____________________________ Exemptions are extremely rare and only include children of diplomats assigned to embassies in the United States, and individuals who are part of trade commissions or embassies of foreign countries. Exemptions do not include student deferments or conscientious objectors. The Human Resources department will contact you for further information and documentation.

I certify that all the information, including attachments, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or termination.

Employee Signature ____________________________ Date Signed ____________________________