TAB 13

HOUSE OFFICER

APPOINTMENT

Revised September 2013
New Hires
Resident/Fellow
CHECK LIST OF REQUIRED DOCUMENTS-NEW HIRE HOUSE OFFICERS
To be completed and attached to New Hire packet when submitting to GME Office.

Note: House Officers will not be entered in PS or paid if documents are missing unless exceptions have been approved by GME and/or HRM offices. For fulfils practice purposes and LSU Health Policy, Residents/Fellows are NOT allowed to begin training without valid Medical License/Intern Card/GETF or without clearance for hire from drug screening - No Exceptions.

Name: ____________________________ Program: ____________________________

HO level: ______ Appointment Date: _________

Previously Due Documents:

_______ GME-0 - Health Requirements – Due May 1
_______ GME-00- House Officer Agreement-(Contract) w/TB requirement – Due May 31

Documents to Attach to Checklist:
(Due ASAP but no Later than June 1. Attach documents the following order)

_______ GME-1 - Cover sheet
_______ GME-2 - Personal Data Sheet for GME Office completed (front & back if applicable);
   *Must include all activities from Med School Graduation to Present.
_______ GME-3 - Extra-Curricular Form
_______ GME-4 - FCVS Release Form
_______ GME-5 –HCN Break Glass Policy
_______ GME-6 –LSBME Release Form
_______ GME-7 –House Officer Manual Form signed by House Officer
_______ GME-8 – Library Form

Human Resource Management New Hire Documents:

_______ PER 2 (Personnel Form), signed by Business Manager;
   *Verify all required fields are correct & completed.
_______ HR-1 - Biographical data form; (Must include college & Medical School & Grad dates).
_______ HR-2 - Oath of Affirmation
_______ HR-3 - W-4 form
_______ HR-4 - I-4 form
_______ HR-5 - Employee Eligibility Verification Form (I-9) with proper documentation
_______ HR-6* - Copy of I-9 verification documents (see I-9 form for acceptable documents)
_______ HR-7 - Act 372 – Selective Service Registration
_______ HR-8 - Data Protection Form
_______ HR-9 - Invitation to Self-Identification
_______ HR-10 - Direct Deposit
_______ HR-11* - Drug Screen: Agreement to submit to Drug/Alcohol Testing Form
_______ HR-12* - Drug Screen clearance email notification
   *Must be dated prior to appointment/start date.
_______ HR-13A - Alien Tax Information Request (Include ONLY if Applicable)
_______ HR-14A* – Alien / Foreign National Identification Documents (listed below)
   Copy of J-1 Visa (if applicable)
   Copy of DS 2019 (if applicable)
   Copy of Foreign Passport (if applicable)
   Copy of I-94 (if applicable)
_______ HR-15 – Prior State Service Questionnaire Form

Documents Due to GME No Later Than August 1 - May be attached to checklist or submitted separately:

_______ Copy of Medical School Graduation Certificate/Diploma
_______ Copy of ECFMG Certificate (if applicable)
_______ Copy of Verification of Internship completion (if applicable)-Letter from Program or Certificate.
_______ Copy of Verification of Residency completion (if applicable)-Letter from Program or Certificate.
_______ Written Verification of Performance Including Performance in the six competencies – from
   previous program (if accepted to LSU from another program)

*These documents (HR-6, HR-11, HR-12, HR-14A) must be manually labeled in the bottom left hand corner with the correct document number

Revised January 2014
LSU Health-New Orleans
Appointment of New Hire House Officers
New Hire = House Officers not in LSU-N.O. PS file with House Officer Appointment

The documents to appoint New Hire House Officers can be found on the GME Webpage at:
http://www.medschool.lsuhsc.edu/Medical_Education/Graduate/default.aspx

Column on the left of screen-Graduate Medical Education:
Select: Program Resources
Under Information for Programs-scroll down:
Select: Program Coordinators Documents
Select: Checklist for New Hires Only — This check list identifies all documents required for appointing New Hire House Officers.

Select: New Hire Welcome Packet (forms only) for the Human Resource Management Residents (House Officers) New Hire forms. The forms are found after all the memos.

The forms can also be found on the GME Webpage at:
Column on the left of screen:
Select: Applicant Resources
Under Information for Applicant-scroll downs:
Select: Incoming House Officer Documents and Information
Select: Welcome Packet (Including All new Hire Forms)(forms only); the forms begin after all the memos.

Coordinators can provide the new hire House Officer, with the instructions for accessing the documents on-line and the new hire House Officer can download the documents, complete them, and send them to the Coordinator by May 1, for a July 1 appointment/effective date; or Coordinators can print the documents the new hire house officer must complete and mail them to the new hire house officer along with other program related information that is sent to new House Officers. Be sure to stress to the House Officer that they MUST sign where requested-electronic signatures are NOT accepted. They MUST also include the required copies of the documents requested to complete the I-9 document and any other required documents or processing their paperwork will be delayed until the Coordinator receives the missing documents. Copies of Documents MUST be clear and readable or they WILL NOT be accepted. Delays in this paperwork could delay processing their Appointment and first check.

Drug Testing — All New Hire House Officers that are not in PS or New Hires in PS under another title with a gratis appointment are required to submit to Pre-Employment Drug Testing. Drug Testing procedures can be found on the LSUHSC website at:
http://www.lsuhsc.edu/orgs/campushealth/drugtesting.aspx

Once the pre-employment testing results are received by the Drug Testing Department, an email is sent to the training program designee on file with drug testing, (i.e. coordinator and/or business manager), that the House officer is Clear for Hire. The Email will include the House Officer’s name and the last 4 digits of his/her social security number and will state that the house officer is cleared for hire. This email must be attached to the New Hire documents submitted to the GME office. If this email is not dated and received prior to July 1 for a July 1 start date, the house officers appointment date must be changed from July 1, to the day after the date on the clearance email, (e.g. clearance email dated July 1, appointment date must be changed to July 2).

Revised September 2013
If the House Officer is NOT Cleared for Hire, Drug Testing will contact the Program and let them know what can be done in this case.

**Form:** Agreement to submit to Alcohol and Drug Test Must also be included in with the New Hire paperwork.

**Appointment Date Not July 1** - All New Hire paperwork, PER 2 and other required documents must have the same appointment date if the New Hire House Officer is not a July 1 new hire or the clearance for hire is not dated and received prior to the expected July 1 appointment date. The appointment date must be the date after the date that appears on the Clear for hire email.

The New Hire MUST contact the Louisiana State Board of Medical Examiners (LSBME) once the applicant has been accepted into the training program (by NRMP Match notification or Training Program acceptance letter if program participates in another Match; i.e. San Francisco), the applicant MUST contact the LSBME to apply for and receive a Permit/GETP/Intern Card/PGY2 card/License/etc before their training effective date. The phone number for LSBME is (504) 568-6820. The website is www LSBME louisiana.gov. House Officers cannot be appointed on the Appointment date on the appointment forms if they do not have a valid Permit/License to practice medicine in Louisiana prior to their training start date. Applicants MUST complete the correct LSBME Application, if they have questions about the Application, they should contact LSBME. This process can take a few months; therefore house officers must begin the application process as early as possible.

**International Medical Graduates.** In accordance with Chancellor's Memoranda 39 (CM-39), international/foreign medical graduates (IMGs/FMG’s) undertaking clinical training in LSUHSC residency or fellowship programs must do so as a J-1 Exchange Visitor sponsored by the Educational Commission for Foreign Medical Graduates (ECFMG). Information on initial and continued ECFMG sponsorship can be found at their website at ECFMG.org.

It is recommended that any and all correspondence between the program and potential applicant including but not limited to applications, interview invites, letters and emails, etc. include a similar statement as listed below:

*NOTE: International medical graduate applicants ultimately accepted to the (type specific program title) must be sponsored by ECFMG as a J-1 Exchange Visitor in accordance with strict LSUHSC institutional policy.*

Copies of all pages of their passport and Visa must be included with their new hire documents.

All International medical graduates must submit a copy of their ECFMG certificate.

For Visa and international medical graduate questions, coordinators and program directors should contact Ms. Remy Allen, Director of International Services or Ms. Diane Krummel, at (504) 568-4802, or check their Webpage: http://www.lsuhs.edu/administration/academic/ois/

**Cover Sheet** – This document is also found in Program Resources. All fields must be completed on the form by the Coordinator. This document MUST be attached to the New Hire paperwork submitted to the GME Office.

Revised September 2013
PER 2 – Personnel Form for Appointing New Hire House Officers

If the Coordinator is not the person that completes the PER 2, see the Department Business Manager.

Refer to the Document: Per 2s for more information on completing Per 2s, (included in the Coordinator Manual).

The PER 2 can be found and completed on-line on the GME Website: http://www.medschool.lsuhssc.edu/medical_education/graduate/program_coordinators.aspx

Be sure to use the PER 2 found on the GME webpage with R. 03/13 (revised 03/2013) that appears on the form to the right of the word “Form”. Do Not use forms you have saved from past years.

Column on the left of screen-Graduate Medical Education:
Select: Program Resources
Under Information for Programs-scroll down:
Select: Program Coordinators Documents
Select: PER 2 – the PER 2 document is opened.

All data typed should also appear on all copies of the form (see tabs at bottom of form). All Pages of the PER 2 MUST be submitted, (the pages/tabs are: Original, President, Personnel, Dean Director, Dept).

All fields on the PER 2 must be completed with the exception of #4. See Sample PER 2 in Coordinators Manual.

School or Division #5 – the Program name must be included with the Department Name in the Dept. space. (For example: Pediatrics – Nephrology). If there are other Training programs of the same specialty, but in a different city or hospital based program, include the name of the city or hospital name after the program name (e.g. Family Medicine-Bogalusa; Internal Medicine-Lafayette; Emergency Medicine-Baton Rouge; Family Medicine-Lake Charles). This helps us identify the training program by name and not just by location code.

LSU Work Location, #6: All information requested in this section MUST be completed. The PPS Dept. Code is the code that identifies the Department (The Location Code is the code that identifies the Training Program within the Department). The Location Code is the same code used to run the Resident Scheduler reports.
Be sure to include the correct PS-Location Code for the training program. The Location Code can be found in Resident Scheduler:
Select: Use
Select: Setup
Select: Program
Leave the fields blank
Select: Search
Find the program
Select: the program
The Location Code is listed along with the program description.

If the House Officer is a graduating LSU Senior and their Empl ID (Employee ID), is known, enter the number in the space provided in #8 “Empl ID”. If the House Officer was previously in an LSU Training program, the Empl ID can be found by entering his/her name in PS-Resident Scheduler.

Revised September 2013
The PER 2 MUST be signed by the Department Business Manager or his/her designee and attached to the completed original New Hire documents submitted by the House Officer to the Residency Coordinator. The PER 2 is a 5 page document, be sure all 5 pages are submitted with the New Hire Paperwork, (tabs with the other pages are found when the form opens and all should print when print. The Tabs/pages are: Original, President, Personnel, Dean Director, Dept).

Review the PER 2 and New Hire documents before submitting them to the GME office. Be sure the House Officer has signed where requested and the Coordinator has completed and signed where requested—Electronic signatures are NOT accepted. If errors, missing data, or missing signatures are found, the paperwork will be returned to the department, which may delay submitting the paperwork to the Dean’s Office and to Human Resources by the deadline.

Once coordinator has all documents on the checklist, with the exception of the documents that are due prior to the New Hire documents deadline, coordinator reviews documents, verifies signatures (both house Officer and department signatures); attach copies of additional documents required—Copies MUST be clear and readable, if not, they WILL NOT be accepted; Coordinator submits all documents and copies to the GME office. If there are questions regarding the items on the check list, contact the GME Office. Some house officers have things that cannot be completed by the deadline that are beyond their control, these should be submitted as soon as all documents are received.

PER 2s with errors or missing information will be returned for corrections before forwarding on for signatures and to HR.

New Hire Documents are due by the last working day in May for July 1 appointment/effective date New Hires.

New Hire Documents are due at least a month in advance of appointment/effective date, and no later than 2 weeks in advance of appointment/effective date for all New Hires with an appointment/effective date later than July 1.

Revised September 2013
Resident and Fellow Appointment Form – The Recommendations for Residency/Fellowship Appointments form is Auto-populated with the data in New Innovations. If the data in NI is not correct the data on the appointment form will not be correct. The form lists all House Officers that will be in the training program as of July 1 and during the Academic Year, (July-June, even if the House Officer will complete training in July and/or before June 30). House Officers that do not promote July 1, but will promote during the academic year will be listed twice on the appointment form, once as a Hold-over with their house officer level as of July 1 and the dates at that level; and second, as a Re-Appointment with the promoted house officer level and the dates at that level. Do not change the format of the automated form.

If a House Officer is appointed during the Academic Year, but not on July 1, he/she must be listed on the form if the person is known. If the person is not known at the time the appointment form is due, Once the program receives the person’s information, New Innovations must be updated with the House Officers information and another appointment form submitted to GME the following day after the information is entered in NI. When submitting the Appointment form, be sure all the information is correct and the FMG status is listed.

New Appt (New Appointment) = New appointment in the training program. Includes transfers from other LSU programs, the house officer is new to this program.

Re-Appt (Re-Appointment) = continuing training in same program at promoted level

Hold-Over = continuing appointment in same program but not promoting July 1 or terminating June 30 of the academic year, or remaining the same level for another Academic year (repeating the year at same House officer level). Also known as Off-Cycle; and Exception House Officers.

If changes are made in NI that change the Appointment form submitted, a new signed appointment form must be sent to the GME office. Every time a change is made in New Innovations that affects the appointment form, another signed appointment form MUST be sent to the GME Office.

Appointment Forms for July 1 appointment/effective date are due the last working day in March. If there are some pending appointments not known by the due date, submit revised or updated form once confirmed. Do not hold paperwork past due date for pending appointments. A Sample appointment form is included in the Coordinator Manual.

Appointment forms are used by the GME Office to verify House Officer Agreement of appointment dates, levels and pay. Information in New Innovations must match Appointment forms and House Officer Agreement of Appointment forms.

House Officer Agreement of Appointment – Also known as the House officer Contract. House Officer Agreement of Appointment is also an auto-populated document with data from new Innovations. The form can be printed from the GME Webpage. The Agreement Must be submitted with the required TB test documentation and after the Resident/Fellow Appointment Form is submitted. The House Officer Agreement of Appointment is for one training period at the House Officer level, even if the House Officer’s appointment/effective date is not July 1 or the one training period does not end June 30. Once the Coordinator has all Agreements signed by the House Officers, Department Chairman, and Program Director, the coordinator sends the Agreements to the GME Office for the Director of Graduate Medical Education’s signature. Signed originals will be returned to the Coordinator by the GME Office. The Data in New Innovations MUST be correct for the information on the Agreement to be correct.

Revised September 2013
There are times when an agreement must be signed without the TB form or before the appointment forms are submitted, (i.e. House Officer needs the signed agreement for a loan or VISA application). Coordinators must contact the GME office for approval before sending these agreements without the TB or appointment form.

House Officer Agreements are due by the last working day in May.
PER 2 TIPS

Use the PER 2 on the GME Website with R.03/13 found to the right of the word “Form”. Do not use an older version that may have been saved from previous years.

1. **Effective Date; Appointment End Date; Last 4 Digits SS#; PS Pos #:**
   - **Effective Date** – Must be included
   - **Appointment End Date** – Not Required
   - **Last 4 Digits SS##** - Only the last 4 digits of the SSN are required. If they do not have one, put applied for or pending.
   - **PS Pos #** - Leave Blank. This number is automatically assigned by PS when data entered in system

2. **Name** - The name submitted on the per 2 must match what’s on the social security card or the legal documentation submitted. Human Resources cannot use nicknames, married names or maiden names if it doesn’t match.

3. **Title** – Must be included; Title Must be House Officer Level 1-10.

4. **Appointment Track; Tenure Review Data** – Leave Blank

5. **School or Division and Department** – School is either Dental or Medical School; Department must also include program name with location city if applicable (Baton Rouge, Bogalusa, Kenner, Lafayette, Lake Charles); for example: Medicine-Cardiology; Pediatrics-Nephrology; Family Medicine-Bogalusa; Emergency Medicine-Baton Rouge, etc.

6. **Work Location** – Dept Code; Work Location; Phone, Parish:
   - **Dept Code and Work Location** must be included; Location Code is the code used to run the RTS-Schedule Beginning and End of the Month reports.
   - **Phone** is the phone number for the Program
   - **Parish** is the Parish of the Program

7. **Educational Level or College Degrees granted by Month and Year each received:** College, Medical School and Dental School must be listed;
   - **Degree** – Select degree received beginning with College, then Medical School, Dental School, Osteopathic School, Graduate School from Drop Down Box
   - **Institution** – select name of Schools for each Degree listed from Drop Down Box
   - **Date** – Graduation Dates are required.
   - **Discipline** – Select Discipline for each Degree from Drop Down Box

   **Personnel Coding: School, Degree, Discipline Codes** – Be sure school codes are correct. Also for LSU System schools – each school has their own school code. Please do not use the 008745 code. Be sure the correct code is listed.

8. **Percent Effort; Empl ID; I-9 Doc Attached; Letter of Offer Attached:**
   - **Percent Effort** – 100% unless Gratis House Officer, then Percent Effort is 5%; or other approved Percent Effort
   - **Empl ID** – Leave Blank unless know LSU Medical School Student Empl ID or previous LSU-N.O. appointment Empl ID assigned.
   - **I-9 Doc** – Select Box, I-9 Documents must be included with Paperwork.

   **VERY IMPORTANT!!!** - Make sure “ALL” documents are included and acceptable before routing any further.
   The list of acceptable documents are listed on the back of the I-9 or 3rd page on the website. Also, you must fill out the certification section of this form as the hiring department. That would include date of hire, signature, name, title, business and date. Also, the employee must sign the I-9. (If the I-9 packet is not complete, the entire packet will be routed back to the department). Type/Write Dates and Name in all requested spaces in the format requested on the I-9. New Hire packets will be returned for incorrect/incomplete I-9 forms.


9. **Remarks** – Leave Blank unless have special instructions or information want to include.

Revised September 2013
10. Salary Distribution; Base Rate of Pay: On the Basis of: Information for this section is required.
   Base Rate of Pay – type Hourly rate of pay for House Officer Level; Select Hourly from drop down box
   On the Basis of – if appointment date is July 1-select Fiscal Yr from drop Down Box; If appointment date is not July
   1-select Period of Appt from Drop Down Box

   **Base Pay Compensation:**
   **Description** – can be Program Name or the Account number that ends in 9901, unless when enter Account codes
   field is auto-populated.
   **Department, Fund, Program, Class, Project/Grant Speed type, Account, % Dist, Proposed Amount** – Codes
   used are for the Legacy account for the Department/Program that ends in 9901. If unsure of codes, contact
   Business Manger for the Department.
   **Proposed Amount** - the Annual Salary for the House Office level for the House officer being appointed.

Signed – PER 2 Must have business manager’s signature and submitted with New Hire Paperwork.

Staples – Please refrain from stapling the forms with 5 or more staples. This is very time consuming in processing these
forms.

**REMINDER – REMINDER – REMINDER – REMINDER – REMINDER**
ALL incomplete hire packets will be returned to the department’s for completion which will prolong the signature and input
process.

Revised September 2013
### Personnel Appointment (Per 2) Form

**Effective Date** | **Type Date** | **Appt End Date** | **Last 4 digit SS#** | **Type Digits** | **PS Pos#**
--- | --- | --- | --- | --- | ---

**Name** | **Type Last Name** | **Type First Name** | **Type Middle**
--- | --- | --- | ---

**Title** | **Type Title: House Officer??**

**Appointee Track** | **Tenure Review Date**

**School/Division** | **Medicine or Dental** | **Dept.** | **Type Department & Type Program Name**

**Work Location** | **Type Code** | **Type #** | **Type Parish**
--- | --- | --- | ---

**Educational level or college degrees, granted by month and year each received**
- **Degree** | **Institution** | **Date** | **Discipline**
--- | --- | --- | ---

**Percent of Effort** | **100%** | **Empl ID** | **Type if Known** | **X** | **I-9 Doc. attached** | **Letter of offer attached**

**Remarks**

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### Salary and Distribution

**Base Rate of Pay** | **Type Hrly Rate** | **Hourly** | **ON THE BASIS OF:** | **Fiscal Yr**
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**Total** | **$** |

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**Business Manager Must Sign**

**Initiating Officer**

12/08/13 | **Approved**

**Vice Chancellor**

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**Dean or Director**

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**President**

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**Original**

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FORM I-9

Employment Eligibility Verification
FORM I-9
Employment Eligibility Verification

Included are the Instructions for Employment Eligibility Verification along with Form I-9 and the list of Acceptable Documents that MUST accompany Form I-9 when submitting New Hire Paperwork.

Completing Form I-9

Page 1; Section 1
Type requested data in format requested
   Date of Birth: MUST be in format mm/dd/yyyy

Page 2; Section 2
Type Employee Last Name, First Name and Middle Initial from Section 1 in box above list headings.

Page 2; Document List: List A-Identity and Employment Authorization Documents; List B-Identity Documents; List C-Employment Authorization Documents. The correct Document MUST be listed under the Correct List. Refer to the page Lists of Acceptable documents. If you have questions about documents received from International Medical Graduates, contact Ms. Remy Allen, Director of International Services or Ms. Diane Krummel, at (504) 568-4802 or check the Webpage for International Services: http://www.lsuhsc.edu/administration/academic/ois/

Page 2; Certification
Coordinator completes this section. Type data in format requested, Last Name, First Name, dates in format mm/dd/yyyy.

Employee’s first date of employment: Type date in format mm/dd/yyyy; 07/01/2014

If there are errors before submitting to the GME Office, the errors can be corrected by using RED ink to line through the incorrect information and writing, in RED ink, the correct information. To avoid submission with errors, it is best to have if the house officer or coordinator re-do the form.

Form I-9 is subject to change USCIS U.S. Citizenship and Immigration Services at any time. Be sure to use the most recent approved Form I-9 when submitting paperwork.

Revised September 2013
Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1: Employee Information and Attestation

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

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

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

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

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

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

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

1. A citizen of the United States

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

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

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

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

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

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

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

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

Preparer and/or Translator Certification

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

Minors and Certain Employees with Disabilities (Special Placement)

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

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

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

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

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

Employers or their authorized representative must:

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

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

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

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

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

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

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

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

7. Return the employee's documentation.

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

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

Receipts

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

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

There are three types of acceptable receipts:

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

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

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

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

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

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

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

Section 3. Reverification and Rehires

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

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.
Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

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

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

Reverification does not apply to List B documents.

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

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

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).
4. After completing Block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

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

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

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

To obtain USCIS forms or the Handbook for Employers, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

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

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

**Photocopying and Retaining Form I-9**

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

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

**USCIS Privacy Act Statement**

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

**Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<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>
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</table>

Date of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address Telephone Number

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

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

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

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

1. Alien Registration Number/USCIS Number: ____________________________ OR

2. Form I-94 Admission Number: ____________________________

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

Foreign Passport Number: ____________________________

Country of Issuance: ____________________________

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

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

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

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

Signature of Preparer or Translator: ____________________________ Date (mm/dd/yyyy): ____________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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STOP Employer Completes Next Page STOP
Section 2. Employer or Authorized Representative Review and Verification

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

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
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<tr>
<td>Issuing Authority:</td>
<td>Document Title:</td>
<td>Document Title:</td>
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<td>Document Number:</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

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

Date (mm/dd/yyyy)

Title of Employer or Authorized Representative

Last Name (Family Name)

First Name (Given Name)

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) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title: 

Document Number: 

Expiration Date (if any)(mm/dd/yyyy):

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

Signature of Employer or Authorized Representative: 

Date (mm/dd/yyyy): 

Print Name of Employer or Authorized Representative: 

Form I-9 03/08/13 N
Page 8 of 9
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 OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<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:</td>
<td></td>
<td></td>
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</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>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
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<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>
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<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter’s registration card</td>
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<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>
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<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
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<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
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<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
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<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>
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<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>
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<td></td>
<td>10. School record or report card</td>
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<td></td>
<td>11. Clinic, doctor, or hospital record</td>
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<td></td>
<td>12. Day-care or nursery school record</td>
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</tbody>
</table>

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
LSU School of Medicine - New Orleans

Recommendations for Residency / Fellowship Appointments

Program Name:

<table>
<thead>
<tr>
<th>House Officer</th>
<th>HO 1</th>
<th>HO 2</th>
<th>HO 3</th>
<th>HO 4</th>
<th>HO 5</th>
<th>HO 6</th>
<th>HO 7</th>
<th>HO 8</th>
<th>HO 9</th>
<th>HO 10</th>
<th>New Appt</th>
<th>Re-Appt</th>
<th>Hold Over</th>
<th>Apt Start</th>
<th>Apt End</th>
<th>Program Start</th>
<th>Expect Grad</th>
<th>Salary</th>
<th>FMG</th>
<th>In</th>
<th>Out</th>
</tr>
</thead>
</table>

Approved

Program Director

Program Coordinator

Office of Graduate Medical Education

Fiscal Year: 2013 - 2014

9/18/2013
LSU School of Medicine - New Orleans

Fiscal Year: 2013 - 2014

Recommendations for Residency / Fellowship Appointments

<table>
<thead>
<tr>
<th>House Officer</th>
<th>HO 1</th>
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<th>HO 7</th>
<th>HO 8</th>
<th>HO 9</th>
<th>HO 10</th>
<th>New Appt</th>
<th>Re-Appt</th>
<th>Hold</th>
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Approved

Program Director

Program Coordinator

Office of Graduate Medical Education

2/11/2013
AGREEMENT TO SUBMIT TO AN ALCOHOL AND/OR DRUG TEST
AND AUTHORIZATION FOR THE RELEASE OF TEST RESULTS

I have been requested by _______LSUHSC_______ to submit to an alcohol and/or drug test.
(Referring Source)

I have been informed and I understand that my agreement to submit to the requested alcohol and/or drug test is completely voluntary on my part and that I have the right to refuse to submit to the test(s). I am aware and have been told that my refusal to submit to the tests will make me ineligible to be considered for employment and I will be disqualified from employment to an LSUHSC facility for up to one year or may be grounds for disciplinary action against me up to and including termination/expulsion. I am aware that if I refuse to submit to drug screening or if my test is positive, I will be disqualified for employment or appointment. Additionally, a prospective employee who intentionally tampers with the sample, the chain of custody (COC), identification procedures, or test results may be disqualified from employment for a period of three years.

I understand that if the Medical Review Officer (MRO) (and/or the MRO agent and/or staff) or Drug Testing Coordinator (DTC) calls me about my drug test results I should call them back immediately. I understand that if I do not contact and talk with the MRO (and/or the MRO agent and/or staff) then I have turned down the opportunity to discuss the results and the MRO (and/or the MRO agent and/or staff) will report my drug test as a positive.

I have been informed and am aware that the results of the alcohol and/or drug test(s) are protected by confidentiality requirements for alcohol and drug patient records under Federal laws and regulations. Therefore, I voluntarily agree to the below stated release of the test results.

I, ____________________________(please print), authorize the MRO (and/or the MRO agent and/or staff) and the DTC who will receive the results of my alcohol and/or drug test to disclose the results of the test(s) to the appropriate Human Resources Director, my supervisor (as appropriate for employees, students, non-employees, or job applicants), the Administrative Body over me, and/or their designee for the purpose of determining the appropriateness of my eligibility for continued employment/enrollment. I authorize the above individuals and/or their designee to disclose those results to other Human Resource Directors, divisions, hospitals, facilities or their designee within the LSUHSC, and to other state and federal agencies, including the Department of State, Civil Service, and LSU Health Care Network if appropriate, and/or to the above mentioned referring source.

I understand that the MRO (and/or the MRO staff) may inform the Human Resource Director, my supervisor (as appropriate for employees, students, non-employees, or job applicants), the Administrative Body over me, their designee and/or above referring source of any legally obtained prescription medication I may be taking if it is felt that the usage of this medication(s) can or has compromised my fitness for duty in my capacity as an employee, student, or non-employee.

I also understand that withdrawal of this permission prior to, or any time after, the release of the results of the alcohol and/or drug test to the above named individuals is grounds for terminating my employment/enrollment.

Daytime Phone # __________________________ Evening Phone # __________________________
Date of Birth __________________________ Social Security # __________________________
Street Address __________________________
City __________________________ State __________________________ Zip Code __________________________

Signature: __________________________ Date: __________________________
Witness Signature: __________________________ Date: __________________________

**********TO BE COMPLETED BY LSUHSC-NO DESIGNATED AUTHORITY ONLY**********
Drug Test Scheduled For: __________________________
Dept: __________________________ Peoplesoft # __________________________
Designated Administrative Body __________________________
Email Address for Results __________________________

"This consent form is subject to revocation at anytime except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked this consent will terminate upon conclusion of any proceedings, administrative, judicial or internal, as to which the test results are sought to be used."

NOTE: To the Party receiving this information: This Information has been disclosed to you from the records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2.31(a)(2)) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not for this purpose.

Campus Health/forms/2013,06,07
From: Drug Testing
Sent: Friday, June 28, 2013 2:10 PM
To: Department/Program contact person on file with Drug Testing – Coordinator or Business Manager
Cc: Lundsgaard, Yolanda M.
Subject: House Officer Last Name, House Officer First Name – xxx-xx-1234 Clear for hire

House Officer Last Name, House Officer First Name  xxx-xx-1234 Clear for hire.

Shauntel Jones  
Administrative Coordinator  
LSUHSC Campus Assistance Program  
LSUHSC Drug Testing Program  
1542 Tulane Ave. Office 866  
New Orleans, LA. 70112  
(504) 568-8888  
sjone7@lsuhsc.edu
HOUSE OFFICER TRANSFERS FROM OTHER INSTITUTIONS

Incoming/New Hire Transfers from Other Institutions (Including LSU Shreveport)

The Forms are found on the GME Web Page.

These forms should only be used when a House Officer will be receiving credit for training done at another Institution (excluding required prerequisite Prelim Years).

These Forms MUST be completed and Approved by GME before a position may be offered to the applicant!

If Program Directors or Coordinators have any questions regarding the appointment of this type of transfer house officer, contact Dr. Hilton or Dr. Odinet-Frey in the GME Office.
LSU
FACULTY
BECOMING
HOUSE
OFFICERS
LSU Faculty Becoming House Officers

1. A PER 3 must be completed terminating his/her Faculty Appointment – PER 3 must state in reason and in remarks section of PER 3 that the individual will become LSU Resident or Fellow.

2. A PER 2 is required to appoint the individual to the House Officer Position. The New Hire Packet is not required. If Tax forms or I-9 form documents have changed, these must be submitted with the PER 2.

3. Drug Testing is NOT needed as long as there has not been a break in service or the Faculty appointment is not a Gratis appointment. If a break in service has occurred between the faculty and House Officer appointment date; or the faculty appointment is Gratis, then Drug testing IS Needed.

4. All other items listed on the New Hire Checklist are required.

Updated September 2013
HOUSE
OFFICERS
BECOMING
LSU
FACULTY

Revised September 2013
LSU House Officers Becoming Faculty

1. Submit to GME by the due date, the Termination spreadsheet listing House Officers that will become Faculty. The Spreadsheet is auto-populated form New Innovations. The House Officer MUST be set up in New Innovations to transition to Faculty at the end of Residency for the information to be included on the spreadsheet.

If for some reason the information is not able to auto-populate in the spreadsheet, a spreadsheet with the following information can be submitted:
   - House Officer Name
   - House Officer EMPL ID
   - House Officer PS Pos#
   - Name of Training Program completing
   - Faculty Appointment Title
   - Effective Date of Faculty Appointment

A Sample Spreadsheet requesting the above information is included in the Manual.

2. All other items listed on the Termination Checklist and Post Completion Packet are required.

Updated September 2013
### Terminate House Officers with same HO Level / Program

**Terminate Effective:** July 01, 2013  
**C.O.B. Worked:** June 30, 2013

**Program Name:**  
**HO Level:** HO 4

**PS Location Code:** 449  
(D-Code/ Same Number used to run RYS Reports)

<table>
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<tr>
<th>LastName</th>
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<th>EMPLID</th>
<th>PS Position Number</th>
<th>Reason Terminating</th>
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**Program Director:**  
**Program Coordinator:**

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**Office of Graduate Medical Education**

5/15/2013
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NOTE: Use Only for July 1 Faculty Appointments - for Faculty Appointments for other dates, note on Termination PER 3 in Remarks Section - becoming Faculty and date of faculty appointment.
OFF-CYCLE
HOUSE
OFFICERS

Revised September 2013
OFF-CYCLE HOUSE OFFICERS

Off-Cycle House Officers are House Officers that **Will NOT** promote on July 1 and **WILL NOT** complete training on June 30 of their expected graduation year, unless the training time was made up during the training year(s).

House Officers that do not start on July 1, their promotion date will occur every year on the same date as their original appointment/effective date, and the completion date will be later than June 30, (usually the date before the appointment date anniversary date), as long as the total number of months of training is accepted based on the American Board requirements.

House Officers that start on July 1 but are placed on leave of absence/leave without pay during the training year(s), their promotion and termination dates will be determined based on the number of days they have to make up due to leave of absence days taken during the training year. Before terminating, they must have completed the American Board required training months.

**Reasons why a House Officer may be Off-Cycle:**

- House Officer’s Appointment date was not July 1.
- VISA problems delayed the July 1, start date.
- Medical School Graduation postponed until after July 1.
- Drug Screen Clearance not dated before July 1.
- No Medical Permit/License issued by LSBME prior to appointment/effective date.
- House Officer was on LOA/LWOP during the training years, therefore their promotion date is extended past July 1, and their completion date is extended past June 30.

**Required:**

1. Spreadsheet listing Off-Cycle House Officers must be completed and submitted to GME when submitting new year paperwork for new hire, continuing, transferring, terminating house Officers. The Spreadsheet no auto-populated from the data in New Innovations, but a template is found on the GME webpage.

2. PER 3s’ to promote or terminate, must be sent to the GME Office at least a month before the Off-Cycle House Officer’s promotion or termination date.

3. All paperwork listed on Promotion, Transfer or Termination check list.

Off-Cycle House Officers are also known as:

- Hold-Overs
- Exceptions

Revised September 2013
<table>
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**Promotion Details:**

- Promotion Grade: [G-10] for the Academic Year.
- Promotion Date: [07/01/2013]
- House Officer: [Name]
- Officer: [Name]
- SS#: [Number]

*Notes that are applicable to status.*
## Off-Cycle and Exceptions

**Academic Year Changeover 2012-2013 -> 2013-2014**

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**Signature:**

INTERIM LSU HOSPITAL FORMS

The forms are found on the GME Webpage. The Forms are to be completed if the program's House Officers rotate to Interim LSU Facilities – ILH.

Forms are to be sent to:

Senora Paul
2025 Gravier St. Room 725
New Orleans, LA 70112

Revised September 2013
DEPARTMENT
OF
VETERANS AFFAIRS
VA Medical Center
FORMS

To be completed if the Program’s House Officers rotate to
VAMC Facilities

The Forms and requirements are revised annually. If House Officers rotate to VA facilities, they
must complete all required forms, fingerprinting and other items required by VA.

The forms can be found on the GME Webpage. For questions regarding VA required Forms,
appointments or other requirements, contact the VA representative, Ms. Janice Williams.

Contact person is:

For USPS (via US Postal Service) Deliveries:
Southeast Louisiana Veterans Health Care System
Workforce Development Service (002C)
Attention: Janice Williams, Administrative Officer
P. O. Box 61011
New Orleans, LA 70161-1011

For Courier or overnight mail
Southeast Louisiana Veterans Health Care System
Workforce Development Service (002C)
Attention: Janice Williams, Administrative Officer
1515 Poydras Street, Suite 739
New Orleans, LA 70112

Telephone: (504) 566-8408
FAX: (504) 566-8415

Revised September 2013