

NEW STUDENT EMPLOYEE DATA

ID _____ Name _____, _____
LAST FIRST

U.S. Social Security Number: _____ - _____ - _____ Date of Birth ____/____/_____

Ethnicity (Please select one): Not Hispanic or Latino Hispanic :

Permanent Resident/Resident Alien: A# _____ Expiration Date: ____/____/_____

F1 I-20 Expiration Date: ____/____/_____ J1 DS2019 Expiration Date: ____/____/_____

J2 Employment Authorization Expiration Date: ____/____/_____

B1/B2 STOP! No work allowed unless employment authorization from INS

Other _____ Employment Authorization Expiration Date: ____/____/_____

Please list any relatives employed by the University or its auxiliary enterprises (if you have more than one, please list on back of form):

Name _____ Dept _____ Relationship _____

I understand and agree to the following:

- The I-9 Employment Eligibility Form must be completed on my date of hire or within 3 days of my date of hire and at that time I must present original documentation.
- If I do not have one, I must provide a social security number to this office within six weeks of my employment, otherwise a \$100 fee will be assessed to my school account after this deadline.
- If in a semester I am enrolled at least half-time (or in my last semester even if less than half-time), I will be exempted from FICA (Social Security and Medicare) income reporting and tax withholdings (IRS Treasury Decision 9167). If my enrollment falls below half-time status, this exemption no longer applies. For international
- If possible and if I am eligible, I may be placed on the federal and/or michigan work study program.
- If I should discontinue being a full-time enrolled