New Hire Paperwork PDF:

Attached is a packet containing the new hire paperwork and tax forms that you’ll need to complete prior to your first day of employment. Please print the entire “New Hire Paperwork” PDF, complete the forms and bring them with you to your new hire meeting.

One of the forms that must be completed is the “Form I-9, Employment Eligibility Verification” that establishes your eligibility to work in the United States. You will need to present either your passport or 2 other forms of identification during your new hire meeting. **This passport and/or documents must be the originals, as copies will not be accepted.** To help you identify what documents are acceptable, there is a sheet describing the documents that you may use on this I-9 form in the New Hire Paperwork PDF that we have asked you to print out. If you are a foreign national it is very important that we discuss your visa status immediately. Please use the contact information listed below. The college will assist you with the H1-b and permanent residency applications.

When you get to the STATE W-4 forms, please either fill out the Illinois W-4 form or the Iowa W-4 form, **but NOT both.** If you live in Iowa, please fill out the Iowa form. All other states fill out the Illinois W-4 form.

**The form labeled: IL-W-5-NR Employee’s Statement of Nonresidence in Illinois is only to be filled out by new employees residing in Iowa.** This form basically states that you will be working in Illinois, but live in Iowa and therefore Iowa taxes will be withheld from your paychecks. **If you reside in Illinois, you do NOT fill out this form.**

**Acknowledgement of Receipt of the Augustana Handbook.** You were sent a link to the Augustana Handbook in your welcome email. Please take a look at our policies and please let us know if you have any questions. We then ask that you complete the Acknowledgement of Receipt of the Augustana Handbook form.

**Acknowledgement of Mandated Reporter Status by DCFS.** After reading this form, please complete it acknowledging the reporting requirements which apply under the Abused and Neglected Child Reporting Act.

**Contact Information:**

To discuss your Visa Status and H1-b filing, contact: Ashley Kilker at ashleykilker@augustana.edu or call 309-794-7352.

To discuss any of the forms that need to be filled out or if you have any other questions, please contact either: Lisa Sears at lisasears@augustana.edu or call 309-794-7740

Or Ashley Kilker at ashleykilker@augustana.edu or call 309-794-7352.
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, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

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

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

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

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
</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
2. Form I-94 Admission Number: ____________________________
   OR
3. Foreign Passport Number: ____________________________
   Country of Issuance: ____________________________

Signature of Employee

Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.  
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator

Today's Date (mm/dd/yyyy)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<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  07/17/17 N  Page 1 of 3
Section 2. Employer or Authorized Representative Review and Verification

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

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A Identity and Employment Authorization</th>
<th>List B Identity</th>
<th>AND</th>
<th>List C Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
<td>Document Title</td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td>Issuing Authority</td>
</tr>
<tr>
<td>M.I.</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td>Document Number</td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Additional Information

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

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

Signature of Employer or Authorized Representative ______________________

Today's Date (mm/dd/yyyy) ______________________

Title of Employer or Authorized Representative ______________________

Last Name of Employer or Authorized Representative ______________________

First Name of Employer or Authorized Representative ______________________

Employer’s Business or Organization 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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

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

<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 ______________________

Today's Date (mm/dd/yyyy) ______________________

Name of Employer or Authorized Representative ______________________
# Lists of Acceptable Documents

All documents must be UNEXPIRED

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

<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:</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>(1) NOT VALID FOR EMPLOYMENT</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>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</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>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</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>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</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>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</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>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>10. School record or report card</td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Notes: If another person can claim you as a dependent on his or her tax return, you can’t complete a new Form 1040-EZ, Estimated Tax for Individuals. However, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

| A | Enter “1” for yourself if no one else can claim you as a dependent. |
| B | Enter “1” if: |
|   |   • You’re single and have only one job; or |
|   |   • You’re married, have only one job, and your spouse doesn’t work; or |
|   |   • Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less. |
| C | Enter “1” for your spouse. But, you may choose to enter “0” if you are married and have either a working spouse or more than one job. (Entering “0” may help you avoid having too little tax withheld.) |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. |
| E | Enter “1” if you will file as head of household on your tax return (see conditions under Head of household above) |
| F | Enter “1” if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit |
| G | Child Tax Credit (Including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. |
|   |   • If your total income will be less than $70,000 ($100,000 if married), enter “2” for each eligible child; then less “1” if you have two to four eligible children or less “2” if you have five or more eligible children. |
|   |   • If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter “1” for each eligible child. |
| H | Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) |

For accuracy, complete all worksheets that apply.

| I | If you plan to itemize or claims adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. |
| J | If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. |
| K | If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. |

Form W-4

Department of the Treasury
Internal Revenue Service

Employee’s Withholding Allowance Certificate

OMB No. 1545-0074

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial

2 Your social security number

3 Enter “Single” or “Married” or “Married, but not living together.”

4 Enter “1” if you claim a dependent and “2” if you claim two or more dependents.

Home address (number and street or rural route)

City or town, state, and ZIP code

Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

Additional amount, if any, you want withheld from each paycheck

I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption:

• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and

• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee’s name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Illinois Withholding Allowance Worksheet

General Information
Complete this worksheet to figure your total withholding allowances.
Complete Step 1.
Complete Step 2 if
• you (or your spouse) are age 65 or older or legally blind, or
• you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.
You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)
Check all that apply:
☐ No one else can claim me as a dependent.
☐ I can claim my spouse as a dependent.

1 Enter the total number of boxes you checked.
2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return.
3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are entitled. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information.
4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay.

Step 2: Figure your additional allowances
Check all that apply:
☐ I am 65 or older.
☐ My spouse is 65 or older.
☐ I am legally blind.
☐ My spouse is legally blind.

5 Enter the total number of boxes you checked.
6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions.
7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7.
8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are entitled. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay.
9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay.

IMPORTANT: If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

< Cut here and give the certificate to your employer. Keep the top portion for your records. >

Illinois Department of Revenue
IL-W-4 Employee’s Illinois Withholding Allowance Certificate

Social Security number

Name

Street address

City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate.

☐

1 Enter the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet).
2 Enter the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet).
3 Enter the additional amount you want withheld (deducted) from each pay.

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

Employer: Keep this certificate with your records. If you have referred the employee’s federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee’s federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 66 Ill. Adm. Code 100.7110.

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

IL-W-4 (R-12/14)
Centralized Employee Registry Reporting Form

To be completed by the employer within 15 days of hire. Please print or type.

EMPLOYER INFORMATION

FEIN Required ____________________________

FEIN plus last 3-digit suffix used when filing Iowa withholding tax.

Name__________________________

Address__________________________

City__________________________ State______ ZIP_____-

Questions: For A through D below, please see instructions on back for definitions and clarification.

A. Is dependent health care coverage available? .................................................................Yes ☐ No ☐

B. Approximate date this employee qualifies for coverage (MMDDYY) ......................................-

C. Employee start date (MMDDYY) ............................................................................................-

D. Address where income withholding and garnishment orders should be sent, if different from address above.

Address__________________________

City__________________________ State______ ZIP_____-

EMPLOYEE INFORMATION

Employee Date of Birth______ - ____ - _______ Employee Social Security Number ________ - _______

Last Name__________________________ First name__________ Middle Initial __________

Address__________________________

City__________________________ State______ ZIP_____-

EXEMPTION FROM WITHHOLDING

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter “EXEMPT” here _______ and the year effective here __________________. Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa tax based on the Military Spouses Residency Relief Act of 2009 ...................... ☐

If claiming the military spouse exemption, enter your state of domicile here ..........................................................

IF YOU ARE NOT EXEMPT, COMPLETE THE FOLLOWING:

1. Personal allowances ................................................................. 1.


3. Allowances for itemized deductions ................................................. 3.

4. Allowances for adjustments to income ............................................. 4.

5. Allowances for child and dependent care credit ................................. 5.

6. Total allowances. Add lines 1 through 5 ........................................... 6.

7. Additional amount, if any, you want deducted each pay period ............. 7.

Employee: I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming an exemption from withholding, that I am entitled to claim the exempt status.

Employee Signature_________________________________________

Date__________________________

Employers: Detach this part and keep in your records. However, if the employee is claiming more than 22 withholding allowances or an exemption from withholding when wages are expected to exceed $200 per week, complete the section below and send it to the Iowa Department of Revenue. See Employer Withholding Requirements on the back of this form.

Employer Name__________________________________________

Employer Address__________________________________________

__________________________ FEIN__________________________
IL-W-5-NR Employee’s Statement of Nonresidence in Illinois

Must I complete this form?
You must complete Part 1 of this form if
- you are a resident of Iowa, Kentucky, Michigan, or Wisconsin, or
- your spouse is in the military, you and your spouse are both residents of
  the same state (other than Illinois) and you are in Illinois only because
  your spouse is stationed here by the military,
and your wages are exempt from withholding of Illinois Income Tax under the
reciprocal withholding agreements between Illinois and these states or under
the Military Spouses Residency Relief Act. You must file your completed Form
IL-W-5-NR with your Illinois employer. If you change your state of residence,
you must notify your employer within ten days.

Part 1: Employee Information

Social Security number

Name

Mailing address

City
State ZIP

I declare under penalties of perjury that
- I am a resident of the state of:
  - Iowa
  - Kentucky
  - Michigan
  - Wisconsin, OR
- My spouse and I are residents of (write the 2-letter abbreviation for your
  state of residency) _____ and I am in Illinois only because my spouse is a mem-
  ber of the US military who is stationed in Illinois.

Employee’s signature
IL-W-5-NR (R-12/10)

Date

Part 2: Employer Information

Federal employer identification number

Name

Mailing address

City
State ZIP

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

To employers:
You are required to have a copy of this form on file for each employee who
- is a resident of Iowa, Kentucky, Michigan, or Wisconsin; receives com-
  pensation paid in Illinois; and elects to claim exemption from withhold-
  ing of Illinois Income Tax under the reciprocal withholding agreements
  between Illinois and these states, OR
- is exempt from Illinois Income Tax on compensation under the Military
  Spouses Residency Relief Act.
Augustana College

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

Employee Information/Authorization:

Employee Name (Please Print) _______________________________ Social Security Number

I authorize and request my employer to deposit my pay automatically to my account identified below each payday. This authorization will remain in effect unless canceled in writing. I understand that a pre-note must be initiated at least ten (10) days in advance of my first payroll deposit.

(Select One)  
☐ Checking  ☐ Amount ____________________  
☐ Savings  ☐ Remainder ____________________  

                                 Name of Financial Institution

Bank Routing No. _______________________________ Account No. _______________________________

(Select One)  
☐ Checking  ☐ Amount ____________________  
☐ Savings  ☐ Remainder ____________________  

                                 Name of Financial Institution

Bank Routing No. _______________________________ Account No. _______________________________

Employee Signature _______________________________ Date __________________

*Please attach a voided check or a copy of a voided check.*

Return to: Augustana College Payroll - 639 38th Street, Rock Island, IL 61201

Cancellation Statement:

I request that my employer terminate my authorized direct deposit of new amount due from payroll to my account. I allow a reasonable time for my employer to act upon my request to terminate this agreement.

Employee Signature _______________________________ Date __________________

Routing Number _______________________________ Account Number _______________________________
ACKNOWLEDGEMENT OF REVIEW OF HANDBOOK

I hereby acknowledge I have received an electronic copy of Augustana College's Employee Handbook. I understand that the policies and procedures set forth in the handbook are not an express or implied contractual guarantee regarding my employment relationship with Augustana College nor do they represent contractual terms of employment. I understand that it is my responsibility to carefully review the employee handbook and ask my supervisor or the Office of Human Resources about any of the material that is unclear to me. I also understand that Augustana College, at its option, may change, delete, suspend or discontinue any part or parts of this handbook at any time without advance notice. I also understand that updates are incorporated into this handbook and I can print a current copy of the handbook from the employee tab at www.augustana.edu.

This handbook is applicable to all staff and administrative employees. No one other than the President of the college may alter or modify any of the policies in the handbook. Any such alteration or modification must be in writing and signed by the President.

This handbook replaces all previous handbooks for Augustana College as of January 1, 2011. Similarly, any future revisions of the handbook will replace the prior versions of the handbook.

I have read this acknowledgement. I further understand and agree that my employment relationship is for no definite duration and my employment may be terminated at any time for any reason or no reason at all at the option of either Augustana College or myself.

______________________________  
Employee Name (Please print)

______________________________  
Signature of Employee

______________________________  
Date

Print and return to the Office of Human Resources signed and dated within the first week of employment.
ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, ______________________________________________, understand that when I am employed as a

(Employee Name)

______________________________________, I will become a mandated reporter under the

(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under but not limited to the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

______________________________________________
Signature of Applicant/Employee

______________________________________________
Date

CANTS 22
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Office of the Director
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