ADJUNCT PACKET

CHECKLIST:

☐ Offer Letter (issued through the Dean's office) *
☐ Adjunct Application
☐ New Hire Orientation Data Collection
☐ Form W-4
☐ Form I-9
☐ Direct Deposit Form (optional)
☐ Email/Web Account Request
☐ Inquiry of Pension Membership (additional forms to follow)
☐ Social Security Card (for Payroll purposes) **
☐ Identification (that complies with the Form I-9) **
☐ Three current Letters of Recommendation
☐ Official Transcripts (of all degrees earned)

If Applicable:

☐ Work Authorization

* Required prior to submitting the checklist items.
**All forms of ID must be presented in their original formats for verification purposes. Copies will be made by Human Resources.

Questions?
Please contact the Office of Human Resources at (908) 737-3300.
NEXT STEPS

Documentation for the Office of Human Resources: (Administration Bldg. 2nd floor)

Please arrange to go directly to the Office of Human Resources to continue the hiring process. A representative will be available to process your application materials from 9:00 a.m. to 4:30 p.m. excluding 12:00 p.m. to 1:30 p.m. on regular business days. If you have any questions or require any additional information, please contact Heather Brandao at (908)-737-3266 or email at brandaoh@kean.edu. If leaving a message, please include your name, phone number/email, and a brief message.

Please bring the following information indicated below (x) with you and the necessary forms in the attached envelope: (Important Note — you must have the original appointment letter or a copy from the Dean for Human Resources to begin the processing of your application.)

Documents needed at time of visit with the Office of Human Resources:

___ Application for employment (to be completed at time of interview)
___ x An original Social Security card for copying (if not available must immediately initiate the process of replacement with nearest Social Security Office)
___ Form I-9 (will be provided at time of visit)
___ x Identification (To fulfill the Form I-9)
___ New Hire Orientation Data Collection
___ W-4 Form
___ Direct Deposit Form
___ E-mail/ Web Account Request Form
___ Pension Inquiry form (additional forms to follow if applicable, please contact Ms. Guillaume)
___ x Three Letters of Recommendation (emailed directly to brandaoh@kean.edu from author)
___ x Official Transcripts (of all degrees earned)

In order to ensure timely compensation payments, please complete and provide this documentation within fifteen days (15) of receiving your Offer Letter from your respective Dean. If the semester is about to begin, or has begun, you must provide the necessary documentation within three (3) days. Failure to do so, you may be subject to termination of your employment.

Parking Permits and Identification Card — Upon receipt of your formal contract, parking permits may be obtained without charge by logging onto http://www.kean.edu/parking. Be prepared to enter your Kean ID number, the make and color of your vehicle as well as your VIN (Vehicle Identification Number). Print the receipt at the end of this application. You will need to

Last update: August 6, 2014
provide this print out, along with your Kean ID card* to the Student Accounting office to obtain your parking decal, which will be available for pick up after 72 hours. The Office is open Monday- Friday from 8:30am to 4:30pm.

*Prior to picking up your Parking Permit, you must first obtain your Kean ID card. The Photo I.D. Office is located in the Administration Building, 3rd floor. There is a nominal charge for replacement cards if lost. Upon receipt of your card, you may then pick up your decal, located on the same floor.

**Reminder** - Please complete the “Disclosure of Outside Activities" form and the “College and University Disclosure Form” provided at the time of your visit. Sign where indicated. Upon receipt of your Dean’s signature (Dean’s will sign as your immediate supervisor), the forms must be returned to Pamela Mosley Gresham, Esq., Human Resources, Room 207B. If you have questions regarding these forms, please contact the office at (908)-737-3316

**Orientation Sessions** – You will be contacted by the Office of Academic Affairs concerning an Orientation for New Adjuncts near the beginning of the semester.

**Handbooks** – The Adjunct Faculty Handbook is available online through Kean University’s Human Resource’s website. Please contact the Office of the Human Resources at 908-737-3300 with questions regarding the Handbook and/or Adjunct Union Agreement 2011-2015.

**Contact and Mailing Information**

Adjunct Hiring Process
Heather Brandao
Program Assistant- Adjuncts
Human Resources
908-737-3266
brandaoh@kean.edu

**Questions Regarding Pension and Benefits**
Tammina Guillaume
Program Assistant- Pension and Benefits
Human Resources
908-737-3314
guillaut@kean.edu

Yrelys Tapanes
Head of Benefits
Human Resources
908-737-3313
ytapanes@kean.edu

**Mailing Address for Official Transcripts**
Kean University
Office of Human Resources
1000 Morris Avenue
Union, NJ 07083
Attn: Heather Brandao

Last update: August 6, 2014
NEW HIRE ORIENTATION DATA COLLECTION

SECTION I: Confidential Employee Information (Please Print)

Today's Date: ____________________ Employment Date: ____________________

Surname: □Ms. □Mrs. □Mr. □Dr. □Professor

Social Security Number: ____________________

Date of Birth: ____________________

Name: ____________________

Address: ____________________

City: ____________________ State: ______ Zip: ______

Home Telephone: ____________________

Education Level: □High School □BA/BS □MA/MS □Ph.D. □Other ______

Prior State Service: □Yes □No

Gender: □Male □Female

Ethnicity/Race: Are you Hispanic/Latino/Spanish? □Yes □No

What is your race? (Check one or more):

□American Indian or Alaska Native
□Asian
□Black or African American
□Native Hawaiian or Pacific Islander
□White

(Continued on other side)
Section II: Emergency Contact Information

Person to be notified in case of emergency:

Name: ___________________________ Relationship: ________________

Address: ______________________________________________________

Telephone: ______________________ Alternate Telephone: __________

Place of Business: ___________________________ Telephone: __________

Alternate Person to be notified if above named person is unavailable:

Name: ___________________________ Relationship: ________________

Address: ______________________________________________________

Telephone: ______________________ Alternate Telephone: __________

Place of Business: ___________________________ Telephone: __________
Form W-4 (2014)

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 2014 expires when your personal or financial situation changes.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding. If you are exempt from withholding is greater than $1,000, and includes less than $500 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:
- 1 is age 65 or older;
- is blind;
- will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The instructions on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, 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 taxes take effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed $150,000 (Single) or $160,000 (Married). Future developments, inferences 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" if you have no one else can claim you as a dependent:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $150,000 or less.

B Enter "1" if:
- You are married, have only one job, and your spouse's wages do not exceed $50,000 (or $25,000 if married, but withholds at higher Single rate).

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). If you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit, enter "1".

F Enter "0" 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 $130,000, enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
- If your total income will be between $130,000 and $180,000 (Married) or $65,000 and $84,000 (Single), enter "2" for each child 16 or younger.

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.
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- 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.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Employee's Withholding Allowance Certificate

Employee's Withholding Allowance Certificate

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of adjusted gross income, and retirement contributions. For 2014, you may have to reduce your itemized deductions if your income is over $335,000 and you are married filing jointly or qualifying widow(er); $297,650 if you are head of household; $254,200 if you are single and not head of household or a qualifying widow(er); or $192,525 if you are married filing separately. See Pub. 505 for details.

2. Enter:
$$\text{\$12,400 if married filing jointly or qualifying widow(er)}$$ $1$

3. Enter:
$$\text{\$9,100 if head of household}$$ $2$

4. Subtract line 2 from line 1. If zero or less, enter " -0- "

5. Enter:
$$\text{\$6,200 if single or married filing separately}$$ $3$

6. Add an estimate of your 2014 nonwage income (such as dividends or interest) and enter the result here. Drop any fraction.

7. Subtract line 6 from line 5. If zero or less, enter " -0- "

8. Divide the amount on line 7 by $3,950 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. Add lines 9 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter " -0- " and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 2 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>$6,001 - $13,000</td>
<td>1</td>
</tr>
<tr>
<td>$14,001 - $24,000</td>
<td>2</td>
</tr>
<tr>
<td>$24,001 - $33,000</td>
<td>3</td>
</tr>
<tr>
<td>$33,001 - $42,000</td>
<td>4</td>
</tr>
<tr>
<td>$43,001 - $50,000</td>
<td>5</td>
</tr>
<tr>
<td>$50,001 - $65,000</td>
<td>6</td>
</tr>
<tr>
<td>$66,001 - $75,000</td>
<td>7</td>
</tr>
<tr>
<td>$75,001 - $80,000</td>
<td>8</td>
</tr>
<tr>
<td>$80,001 - $100,000</td>
<td>9</td>
</tr>
<tr>
<td>$100,001 - $115,000</td>
<td>10</td>
</tr>
<tr>
<td>$116,001 - $130,000</td>
<td>11</td>
</tr>
<tr>
<td>$131,001 - $140,000</td>
<td>12</td>
</tr>
<tr>
<td>$141,001 - $150,000</td>
<td>13</td>
</tr>
<tr>
<td>$150,001 and over</td>
<td>14</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $74,000</td>
<td>0</td>
</tr>
<tr>
<td>$74,001 - $120,000</td>
<td>1</td>
</tr>
<tr>
<td>$120,001 - $150,000</td>
<td>2</td>
</tr>
<tr>
<td>$150,001 - $200,000</td>
<td>3</td>
</tr>
<tr>
<td>$200,001 - $255,000</td>
<td>4</td>
</tr>
<tr>
<td>$255,001 - $305,000</td>
<td>5</td>
</tr>
<tr>
<td>$305,001 and over</td>
<td>6</td>
</tr>
</tbody>
</table>

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

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

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

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
E-Mail/Web Account Request Form

Completed Forms Should Be Returned To:
Kean University
Account Request: CSS-113
1000 Morris Avenue
Union, NJ 07083

(Allow 5 Business Days for Processing)

Please Print or Type All Information Clearly
(Illegible and incomplete forms will not be processed)

| Name (First, Last): |
| Colleague ID: |
| Mailing Address: |
| City, State, Zip Code: |
| Daytime Phone: |

Affiliation with Kean University:
Check one: ( ) Student ( ) Staff ( ) Faculty ( ) Department: ____________________
( ) Student Group: ____________________
(Desired Department/Student Group name required.)

Access Requested:
( ) Individual E-Mail Account
( ) Department/Student Group E-Mail Account - (Form must be completed by Chairperson, Director or Advisor.)
( ) Web Page – (Individual or Department/Student Group.)

Current TURBO Users:
If you have a current TURBO account please supply the User ID: ____________________

In signing below, I certify that I have read and agree to abide by the Kean University Computer Related Acceptable Use Policy. I agree that I will maintain the privacy of my user ID and password and that I will not enable another person to access information using my account. This account will automatically be deleted upon my termination as an employee, graduation/non-enrollment as a student, or account inactivity of six months.

| Signature | Date |

For OCIS Use Only---- Do Not Write In This Area

Cougar User ID: ____________________ Account Group: ____________________

| Initials | Date | Comments |

Affiliation Certification: __________ __________ ____________________

Account Created By: __________ __________ ____________________

Revised: January 30, 2006
PART A

1. Are you retired from a New Jersey State-Administered Retirement Plan? □ Yes □ No
   If yes, check the retirement plan from which you retired and indicate the date of your retirement, then skip to PART B.
   □ ABP □ PERS □ PFRS □ SPRS □ TPAF  Retirement date: ________

2. Do you currently contribute to a State-Administered Retirement Plan?
   □ Yes □ No
   If no, skip to question 3.
   If yes, check retirement plan: □ ABP □ PERS □ PFRS □ SPRS □ TPAF

   Your most recent contribution to this retirement account occurred on: ________________
   Month/Year

   What was your employment status? □ Full-time □ Part-time/Adjunct*
   Name of your location: ____________________________

   *If you were/are an adjunct, have you filled out an Election of Retirement Coverage form?
   □ Yes □ No □ I do not know

3. If you do not currently contribute to a State-Administered Retirement Plan, have you ever contributed to one in the past?
   □ Yes □ No
   If yes, check the retirement plan you contributed to in the past:
   □ ABP □ PERS □ PFRS □ SPRS □ TPAF

   Did you withdraw your funds from your past retirement plan? □ Yes □ No

PART B

With my signature below, I certify that the information I provided above is the truth to the best of my knowledge. Please be advised additional pension forms may be required.

Name: ____________________________________ Date: _________________________
   (Please Print)

Sign: ____________________ SS#: ___-___-____ Email: _________________________
   (Kean email not required)

For Human Resources Use Only:
   Semester: _______ Year: _______ Credits: ___
KEAN UNIVERSITY
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize KEAN UNIVERSITY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error, to my bank accounts indicated below and the financial institutions named below to credit and/or debit the same to such account.

PRIMARY ACCOUNT

[ ] CHECKING ACCOUNT  [ ] SAVINGS ACCOUNT  

Name of Financial Institution: ________________________________

Address or Branch: ________________________________________

City: __________________ State: __________ Zip Code: __________

Transit/ABA No.: _________________________________________

Account Number: _________________________________________

SECOND ACCOUNT
(if applicable)

[ ] CHECKING ACCOUNT  [ ] SAVINGS ACCOUNT

[ ] PERCENT OF NET PAY (remainder will be deposited to your Primary Account)

[ ] FIXED AMT (remainder will be deposited to your Primary Account)

Name of Financial Institution: ________________________________

Address or Branch: ________________________________________

City: __________________ State: __________ Zip Code: __________

Transit/ABA No.: _________________________________________

Account Number: _________________________________________

This authority is to remain in full force and effect until Kean University has received written notification from me of its termination in such time and in such manner as to afford the University and the Financial Institution a reasonable opportunity to act on it. It is my responsibility to notify the University immediately, should I close or change this account information.

Name: ________________________________

Social Security Number: ________________________________

Date: ____________ Signed X: ________________________________

PLEASE ATTACH A PHOTOCOPY OF A VOIED PERSONAL CHECK FOR A CHECKING ACCOUNT OR A DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION FOR A SAVINGS ACCOUNT. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE PAYROLL DEPARTMENT AT 73170.
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>OR</td>
<td>Documents that Establish Identity</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-765)</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 Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</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. 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>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. Native American tribal document</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. U.S. Citizen ID Card (Form I-197)</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. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</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.