

NEW HIRE PACKET



April 2024



Welcome to INFINITI HR.

Your Employer has contracted with INFINITI HR to provide you with some of the most comprehensive and flexible Payroll, Human Resource, Employee Benefits and Risk Management services. Our goal is to make your employer’s job easier and to provide you with extensive employee benefit options.

At INFINITI HR we have several different service models, so you may hear terms like Professional Employer Organization (PEO) or Administrative Service Organization (ASO).

The PEO model establishes a co-employment relationship with your present employer that divides the duties of the employer into “Worksite Employer”, and “Professional Employer.” This relationship allows you to become part of a larger group so that you can access additional resources and benefits, while providing administrative relief to your current employer.

The ASO model allows INFINITI HR to become your off-site Human Resources Department under a more traditional service provider relationship.

We hope that you will be as excited as we are that your current employer has decided to partner with INFINITI HR. If you have any questions you can always call us at our toll free number listed below.

1.866.552.6360

www.infinitihhr.com

CONTENTS:

Page	
2	Employee Enrollment Check List
3	Complete Employee Data Form
4	EEO-1 Voluntary Self-Identification Form: Read and complete requested information.
5	Direct Deposit Authorization: Complete if you want your paycheck deposited directly into your account(s). Attach voided check(s) for checking account(s). Contact your bank for the necessary form for direct deposit to a savings account.
6	Employment Policies: Read and keep for your records.
8	Acknowledgment Form: Sign and return to INFINITI HR.
9	Form I-9: Complete and sign Employment Eligibility Verification form. Employers must complete and sign Form I-9 Section 2. For a full copy of the I9, containing all instructions, please go to http://www.uscis.gov/i9 or call 1-800-375-5283.
12	Form W-4: Employee’s Withholding Allowance Certificate. Complete and sign.
16	US Bank Focus Card Information Sheet
17	Pay Card Enrollment Form
25	State Specific Forms & Notices

Employee Enrollment Check List

Enclosed is the documentation required to set up your profile with INFINITI HR and process your paycheck.

- Employment Application/Employee Data Form
- EEO-1 Voluntary Self-Identification Form
- Direct Deposit Authorization
- Employment Policies
- Acknowledgment Form
- Form I 9, Employment Eligibility Verification
- Form W 4, Employee's Federal Withholding Allowance Certificate
- State Specific Forms & Notices

All completed forms must be received by INFINITI HR no later than 2 days after the first day worked to ensure the employee will receive a payroll check on the next regularly scheduled payday.



Employee Data Form

Social Security Number: _____

Employee Name: _____
Last
First
Middle

Date of Birth: _____ Email: _____

Address: _____
Number/Street
City/State/Zip

(____) _____ (____) _____
 Home Telephone Number Cell Telephone Number

Emergency Contact

Name: _____ Telephone: _____

Address: _____

Relationship to Employee: _____

Finally, I certify all information provided by me is true and correct and understand that any intentional falsification of information is grounds for termination.

 Signature of Employee Date

TO BE COMPLETED BY THE EMPLOYER		
Client Name:	Hire Date:	
Job Title:	Pay Rate: \$ _____ per _____	
EMPLOYEE TYPE:		
Part-Time Full-Time	Hourly Commission Only Salary	Department: _____ Division: _____



EEO-1 Voluntary Self-Identification Form

It is the policy of INFINITI HR to provide equal employment and advancement opportunities to all individuals regardless of protected class status.

The following information is used to assist INFINITI HR in maintaining the statistics for the annual EEO-1 Report which we are required to submit to the Federal Government each year. **Completion of this form is voluntary** and in no way affects any decision regarding your employment.

This form is confidential and will be maintained separately from your employment file.

Name: _____ Date: _____

Title: _____

GENDER *(Please check one option)* MALE FEMALE NON BINARY DECLINE TO STATE

RACE/ETHNICITY *(Please check one of descriptions below corresponding to the ethnic group with which you identify)*

HISPANIC OR LATINO: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

WHITE: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

BLACK OR AFRICAN AMERICAN: a person having origins in any of the black racial groups of Africa.

ASIAN: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

AMERICAN INDIAN OR ALASKA NATIVE: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

TWO OR MORE RACES: a person who primarily identifies with two or more of the above race/ethnicity categories.

I DO NOT WISH TO DISCLOSE



Direct Deposit Form

Company Name: _____

Employee Name: _____

I authorize INFINITI HR, Nat Pay, and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and personally guarantee the return of the funds in question. Funds may be designated to be split among accounts by dollar amount or percentage in the amount column. Enter 'Remainder' in that column if only using one account or, if splitting deposits, to indicate that the balance of pay should be deposited. One account must be listed as "remainder".

BANK / CREDIT UNION <i>Routing Number</i>	STATE	TYPE <i>(Circle One)</i>	AMOUNT	ACCOUNT NUMBER
		<input type="radio"/> Checking <input type="radio"/> Saving		
		<input type="radio"/> Checking <input type="radio"/> Saving		
		<input type="radio"/> Checking <input type="radio"/> Saving		

Please Check One:

- New or Additional Direct Deposit
- Change the Bank or Account Number on an Existing Direct Deposit Account
 Number to Be Replaced: _____
- Change the amount of an existing Direct Deposit
 Amount was: _____ Amount Changed to: _____
- Other (Please Explain):

Please Attach a Voided Check for the Direct Deposit Bank Account as Verification.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither Infiniti HR or Nat Pay is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with INFINITI HR's Direct Deposit Agreement, Nat Pay's Power of Attorney/Guaranty/Terms and Conditions, and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Signature

Date



RE: New Employee Benefit - Independent Harassment and Discrimination Reporting and Investigation Solution

Welcome to Work Shield!

We are proud to be Infiniti HR's partner in helping prevent, deal with and solve any harassment and discrimination that happens at work.

Starting now, if you experience any form of workplace harassment or discrimination - from a co-worker, manager, independent contractor or someone else from work - instead of reporting the incident to your HR department or manager, you'll report the incident directly to Work Shield. Our specialized professionals will then conduct an impartial investigation into the incident and help your company resolve it fairly and quickly.

At Work Shield, we are committed to fostering open and positive workplace cultures. Here are a few promises we make without hesitation:

- You will not experience any retaliation for reporting an incident to Work Shield.
- Every incident is a top priority and taken seriously.
- We will conduct every investigation without bias.
- We will provide a quick resolution to your incident.

We encourage you to visit our website - workshield.com - to learn more about why we're the go-to experts for managing inappropriate behavior in the workplace effectively and without bias. We also compiled a list of FAQs specifically for employees that you might find useful. You can find that at www.workshield.com/for-employees.

To securely report an incident, visit infinitihr.workshieldportal.com or call **866.946.5558**. You can download Work Shield's information to your Apple Wallet or Google Pay app on your smart device for quick access anytime, anywhere (instructions are below). It's always best to provide as much detail about an incident as possible, so that Work Shield can provide the most thorough investigation and best resolution recommendations. But if you so choose, you may also submit a report anonymously.

Remember, we are here to make sure you know you can safely report harassment and discrimination incidents. Your company wants you to feel confident and know you have a voice!

Should you have any questions at any time, please don't hesitate to send us an email at hello@workshield.com. We will get back to you as quickly as possible.

Sincerely,

The Work Shield Team



HOW TO CONTACT WORKSHIELD DIRECTLY FROM YOUR DEVICE

Please follow these quick and easy instructions to add Work Shield's information to your smart device today:

01

Scan the below code with your smart device's camera or click the link [here](#) directly from your smart device.

02

You will be prompted to open and save the card to your Apple Wallet or Google Pay app.

03

Should you ever need to report an incident, the card is stored in your smart device app with direct links to Work Shield's reporting website or reporting phone number.



WORKSHIELD.COM
866.946.5558

Infiniti HR and its client companies are committed to a work environment in which all individuals are treated with respect and dignity. Each employee has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminatory practices, including harassment. The Company expects that all relationships among persons in the workplace will be cooperative, business-like, and free of bias, prejudice and harassment.

Infiniti HR and its client companies have ZERO TOLERANCE for and will not condone or tolerate any form of discrimination or harassment in the workplace by any employee or any third parties over which we have control. Employees found to be in violation of this policy will be subject to appropriate corrective action up to and including termination.

Definitions of Harassment

- Sexual harassment constitutes as discrimination and is illegal under Federal, state and local laws. For the purposes of this policy, sexual harassment is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example: (i) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (ii) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (iii) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

Sexual harassment may include a range of subtle and not so subtle behaviors and may involve individuals of the same or different gender. Depending on the circumstances, these PROHIBITED BEHAVIORS may include, but are not limited to: unwanted sexual advances or requests for sexual favors; sexual jokes and innuendo; verbal abuse of a sexual nature; sex-oriented verbal "kidding," or "teasing,"; commentary about an individual's body, sexual prowess or sexual deficiencies; foul or obscene language or gestures; display of foul or obscene printed or visual material; physical contact such as patting, pinching, or brushing against another's body; leering, catcalls or touching, insulting or obscene comments or gestures, display or circulation in the workplace of sexually suggestive objects or pictures (including through email) and other physical, verbal or visual conduct of a sexual nature.

- Employees should understand that their intentions are irrelevant when evaluating whether their behavior constitutes harassment. Just because an employee believes that they intend to be "funny" or inoffensive does not mean that the person's behavior is acceptable. Instead, the question is how the behavior is perceived by others.
- In addition, employees should know that harassing behavior need not be directed at another employee for the conduct to violate our policy. The behavior need only occur in front of another employee who is reasonably offended by the behavior. Thus, sexual discussions or comments in the workplace between two employees still violate this Policy because a third employee could overhear the conversation.
- Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of their race, traits historically associated with race, such as natural and protective hair styles and hair texture, color, religion, sex, pregnancy, sexual orientation, gender identity, national origin, age, disability or any other characteristic protected by law or that of their relatives, friends or associates, and that: (i) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (ii) has the purpose or effect of unreasonably interfering with an individual's work performance; or (iii) otherwise adversely affects an individual's employment opportunities.
- Harassing conduct that is PROHIBITED includes, but is not limited to epithets, slurs or negative stereotyping, threatening, intimidating or hostile acts, denigrating jokes and display or circulation in the workplace of written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through e-mail).

Individuals and Conduct Covered

These policies apply to all applicants and employees of the Company and persons engaging in business activities with the Company, and prohibit harassment, discrimination and retaliation whether engaged in by fellow employees, by a manager or by someone not directly connected to the Company (e.g., an outside vendor, consultant or customer). Conduct prohibited by these policies is unacceptable in the workplace and in any work-related setting outside the workplace, such as during business trips, business meetings and business-related social events.

Harassing behavior on social media sites based on one's protected traits listed above is expressly prohibited.

Retaliation Is Prohibited

Infiniti HR and its client companies prohibit retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports. Retaliation against an individual for reporting harassment or discrimination or for participating in an investigation of a claim of harassment or discrimination is a serious violation of this policy and, like harassment or discrimination itself, will be subject to corrective action.

WHAT TO DO IF YOU BELIEVE DISCRIMINATION or HARASSMENT HAS OCCURRED:

Infiniti HR and its client companies requires the reporting of all incidents of discrimination, harassment or retaliation, regardless of the offender's identity or position. Individuals who believe they have experienced conduct contrary to the Company's policy, or who have concerns about such matters, may file their complaints with their manager, or an authorized HR representative, if they are comfortable doing so. Our service relationship with Infiniti HR also provides our employees access to an **HR Hotline**. To securely report a concern about discrimination or harassment, visit <https://infinitihr.workshIELDportal.com/login> or call **866.946.5558**.

Any reported allegations of harassment, discrimination or retaliation will be investigated and responded to promptly. The investigation may include individual interviews with the parties involved and, where necessary, with individuals who may have observed the alleged conduct or may have other relevant knowledge. Confidentiality will be maintained throughout this process whenever possible to the extent consistent with adequate investigation and appropriate corrective action, but confidentiality cannot be guaranteed.

Individuals who have questions or concerns about these policies should talk with an authorized HR representative.

Reasonable Accommodation Policy

Infiniti HR and its client companies value all employees' contributions, and wishes to create an inclusive environment where employees experiencing disabilities or pregnancy can readily and efficiently request and receive reasonable accommodations to help them succeed in our organization. A reasonable accommodation's primary function is to empower those who are experiencing disabilities or pregnancy with the tools that make performing the essential functions of their job possible; providing equal employment opportunities to all applicants and employees.

The following policy complies with applicable federal, state, and local disability and pregnancy related regulations.

Interactive Process

Infiniti HR and its client companies are committed to processing requests for reasonable accommodations in a prompt and efficient manner. Individuals who feel they need an accommodation should contact their manager or an authorized HR representative to obtain the requisite forms which the individual (and/or their health care provider) must complete and return as indicated. Once the completed forms are returned, the Company will discuss possible accommodations with the employee to evaluate and determine appropriate options. If a request has been pending for longer than the employee is comfortable with, they should seek a status update from the person to whom the request was submitted.

Sometimes an employee requests an accommodation that is not reasonable or necessary; that poses an "undue hardship" (i.e., too costly or disruptive) on the Company or its employees; or that might threaten the safety of the individual who has made the request or of others. In those cases, the Company will evaluate whether some other form of workplace accommodation may be appropriate.

An employee who has questions regarding this policy or believes that they have been discriminated against based on pregnancy or a disability should consult an authorized HR representative. The Company does not tolerate retaliation against any employee for exercising their rights under this policy.

Payroll Deductions

The following mandatory deductions will be made from every employee's gross wages: federal income tax, Social Security FICA tax, and applicable city and state taxes. Every employee must fill out and sign a federal withholding allowance certificate, IRS Form W-4, on or before their first day on the job and any state withholding forms if applicable. These forms must be completed in accordance with federal regulations.

The employee may fill out a new W-4 at any time when their circumstances change. Employees who paid no federal income tax for the preceding year and who expect to pay no income tax for the current year may fill out an Exemption from Withholding Certificate, IRS Form W-4E. Employees are expected to comply with the instructions on Form W-4. Questions regarding the propriety of claimed deductions may be referred to the IRS in certain circumstances.

Optional deductions include the portion of group health insurance not paid by the company, which is deducted from each payroll check. Other voluntary contributions, such as credit union and retirement savings plans, are also deducted each pay period. Any other deductions from pay require your voluntary, written and specific authorization to do so.

Reporting Work Related Injuries

To provide for payment of employee medical expenses and for partial wage replacement in the event of work-related accident or illness, employees are covered by workers' compensation insurance provided by Infiniti HR or based on state regulations.

Workers' Compensation laws protect you against lost wages and cover reasonable medical expenses resulting from injuries sustained while performing your job. **All injuries and accidents that occur in the workplace must be reported immediately to your manager, whether or not medical attention appears necessary.** A first report of accident form may be obtained from your manager and must be completed and returned. The Company does not tolerate retaliation against any employee for sustaining a work-related injury or exercising their workers' compensation rights.

Managers are required to be familiar with and to abide by all guidelines regarding workplace injuries. Questions regarding workers' compensation insurance should be directed to the on-site manager or the Infiniti HR Workers' Compensation Department at 866-552-6360.

The purpose of the Substance Abuse Policy is for Infiniti HR and our clients to provide for a safe, healthy and productive work environment for all employees. The use of alcohol or drugs in violation of this Policy poses a health and safety hazard to the employee involved, co-workers and the property of our clients; the employment of persons engaged in illegal drug activity, as defined under Federal, State or local laws/regulations, can negatively impact the business and reputation of our company. Even in states where marijuana is legal, use of marijuana still poses a threat to employee and customer safety if it causes impairment. Employees are prohibited from having any detectable amount of marijuana present in their bodies or in their possession while reporting to work, while at work, or while on-call for work, and must be able to maintain a constant state of alertness while working.

Employees are expected to report any violation or suspected violation of the Substance Abuse Policy to their immediate manager.

Definitions

- “Substance abuse” means the use, misuse or illegal use of drugs or controlled substances.
- “Dangerous substance” means: illegal drugs, controlled substances, look-alikes or designer drugs; unauthorized alcoholic beverages; drug paraphernalia; unauthorized prescription drugs; and any other perception-altering substance.
- “Company premises” includes all company property whether owned, leased or used, e.g., facilities, buildings, structures, parking areas, automobiles, trucks and all other vehicles. This also includes all other work locations or transit to and from those locations while in the course and scope of company employment.
- “Reasonable suspicion” includes, but is not limited to: observation of behavior, other than as attributed to certain medical conditions, such as slurred speech, unsteady walking, abrupt mood swings, breath (Alcohol), or odor; observation of physical manifestations frequently associated with some form of substance abuse, e.g., needle marks, sudden nosebleeds; accidents; injuries; excessive absenteeism; declining productivity; observed use or possession of drug paraphernalia and/or suspicious activity indicating possible involvement with prohibited substances or alcohol.
- “Test” is the screen of breath, urine or blood.

Policy

- Our clients Substance Abuse Policy will apply to all employees in all job classifications and strictly prohibits employees from: the manufacture, distribution, dispensation, possession, abuse or use of dangerous substances or illegal drugs (including prescription drugs not taken in accordance with a valid prescription) at any time in the workplace and on any Our clients premises. Employees are prohibited from having any detectable amount of alcohol, illegal drugs or other dangerous substances present in their bodies or in their possession while reporting to work, while at work, or while on-call for work. If an employee violates this policy, they will be subject to discipline, up to and including immediate discharge from employment.
- In order to maintain a safe workplace for its employees, Infiniti HR and our clients reserve the right to require employees who we believe with reasonable suspicion of reporting to work in violation of this policy and/or following an on-the-job accident or injury; to submit to immediate drug testing by a state certified laboratory, including when the Company’s Workers’ Compensation Insurance carrier requests it. Employees are required to report for such testing within one hour of the request. Testing will be done at the company’s expense. Employees who refuse to take a test as directed or who otherwise violate the Drug and Alcohol-Free Workplace Policy will be subject to discharge.
- In appropriate situations, an employee who voluntarily (prior to being caught) admits that they have a substance abuse problem may be offered the opportunity to enroll in a rehabilitation program at their own cost, and return to work upon successfully completing the program. The employee will be required to sign a Conditional Reinstatement Agreement.
- Employees who work at a site governed by State or Federal regulations regarding random or other drug or alcohol testing requirements for drivers of commercial vehicles, or in accordance with other government contractor requirements, will be subject to those regulations.
- Any employee who uses prescribed drugs or over-the-counter medication that may impair their ability to perform an essential function of their job or pose a direct threat to the employee or to others is expected to report this information to their manager. Our clients will make reasonable accommodations to the known disabilities of employees where such accommodations do not create an undue hardship. Our clients reserve the right to require medical documentation regarding the need for such accommodation.

- Nothing in this policy shall be construed as inconsistent with our responsibility to comply with Federal, State and local laws regarding fair employment practices, and the implementation of this Policy shall be accomplished in accordance with such laws.

Information regarding the availability of treatment programs, if any, such as assistance provided by an offered health care plan or Employee Assistance Program, may be requested by contacting the Benefits department of Infiniti HR at 866-552-6360.

Employee Handbook Acknowledgment

I acknowledge that I have received the Company's Employee Handbook ("the Handbook"), and understand that violations of the policies contained in the Handbook, including the anti-harassment policy, could result in corrective action, up to and including termination. In addition, my signature below permits the company to request my consent to a drug test if there is a suspected Substance Abuse policy violation.

I acknowledge that it is my responsibility to notify my manager or an authorized HR representative if I am not able to open and view the Handbook.

I further understand that the information contained in the Handbook represents guidelines for the Company and that the Company reserves the right to modify the Handbook or amend or terminate any policy, procedure, or employee benefit program at any time.

I further understand that the contents of the Handbook do not form a written employment contract, and that my employment is at-will. Either the Company or I have the right to terminate my employment at any time.

I further understand that no supervisor, manager or representative of the Company, other than the CEO, President or Owner, has any authority to enter into any agreement guaranteeing employment for any specific period of time. I also understand that any such agreement, if made, will not be enforceable unless it is in writing and signed by both parties. I also understand that an agreement made by the CEO, President or Owner is not binding on Infiniti HR unless it is agreed to in writing by the President of Infiniti HR.

I further understand that if I have any questions about the interpretation or application of any policies contained in the Handbook, I should direct these questions to my manager or an authorized HR representative.

Signature

Date





Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

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			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)	_____ Date	
Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2 Enter:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$21,900 if you're head of household				
	• \$14,600 if you're single or married filing separately				
- 3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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(f)(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 with no other entries on the form; 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 territories 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 nontax 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.

Married Filing Jointly or Qualifying Surviving Spouse

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary and 12 columns for Lower Paying Job Annual Taxable Wage & Salary ranges. Rows include wage brackets from \$0-9,999 to \$525,000 and over.

Single or Married Filing Separately

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary and 12 columns for Lower Paying Job Annual Taxable Wage & Salary ranges. Rows include wage brackets from \$0-9,999 to \$450,000 and over.

Head of Household

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary and 12 columns for Lower Paying Job Annual Taxable Wage & Salary ranges. Rows include wage brackets from \$0-9,999 to \$450,000 and over.

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

With the
U.S. Bank Focus Card...
life just got easy.



The U.S. Bank Focus Card

is a Visa® or Mastercard® prepaid debit card and a convenient alternative to receiving paper checks.



Safe

- Pay is deposited onto a prepaid Visa or Mastercard each payday.
- Funds are protected¹ if lost or stolen.
- Keep track of purchases and loads with text² and email alerts.



Convenient

- Can be used anywhere Visa or Mastercard debit cards are accepted worldwide.
- Have access to cash when you need it most with over thousands of in-network ATMs nationwide.



Reloadable³

- Card is designed with benefits for you.
- Add tax refunds, pay from a second employer, and even cash deposits!

Visit prepaidmaterials.com/usbankfocus

to learn more about the features and benefits of the U.S. Bank Focus Card.

¹ You are generally protected from all liability for unauthorized transactions with Zero Liability. You must call the number on the back of your Card immediately to report any unauthorized use. Certain conditions and limitations may apply. See your Cardholder Agreement for details.

² For text messages, standard messaging charges apply through your mobile carrier and message frequency depends on account settings.

³ Successful identity verification required for loads from other sources. Log into the Focus Cardholder website for details.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Visa U.S.A. Inc. ©2019 U.S. Bank. Member FDIC.

The Focus Card is issued by U.S. Bank National Association pursuant to a license from Mastercard International Incorporated. Mastercard is a registered trademark and the circles design is a trademark of Mastercard International Incorporated. ©2019 U.S. Bank. Member FDIC.





PAY CARD ENROLLMENT FORM

DATE:

EMPLOYEE INFORMATION

First Name:	Last Name:	
Social Security Number:	Date of Birth: MM/DD/YYYY	Phone:
Home Address/ Physical Address		
City:	State:	Zip Code:
Email Address:	Employee Signature:	

EMPLOYER INFORMATION

Employer:	Client ID Number
Supervisor's Name:	
Employer's Office/Mailing Address:	
Employer's Email Address	Employer Phone:

QUESTIONS

Call Client Services 866-552-6360 or EMAIL Services@InfinitiHR.com

USBANK Enrollment Processed:	<p style="text-align: center;">Internal Use Only</p> <input type="radio"/> Direct Deposit in PRISM <input type="radio"/> Registration Confirmation Email to Client <input type="radio"/> Registration Confirmation Email to Employee <input type="radio"/> Date mailed via USPS
Processed By:	
Account Number	

<p>Thank you for enrolling in the Debit Card.</p> <p>InfinitiHR will issue your Debit card, and mail it to your Employer's Office. Your card will be "pre-noted" which means, you will receive a paper check, allowing time for the account to be verified through the payroll system and give you time to receive your card.</p> <p>Please activate your Card as soon as your receive it.</p>	<p>Send Completed Form to</p> <p>Infiniti HR FAX: 240-722-0090 Email: Services@InfinitiHR.com</p>
--	---

Several states require additional notices be provided to employees upon hire. Below are links to each state's required forms or notices. Please print, complete (if applicable) and provide to each new employee you hire.

State	City	Name of Notice
CA		Domestic Violence Leave Info Sheet
CA		Sexual Harassment Info Pamphlet
CA		Disability Provisions Pamphlet
CA		Time of Hire - Workers Comp
CA		Paid Family Leave Pamphlet
CA		Personal Physician Designation
CA		Personal Acupuncturist and Chiropractor Form
CA		Wage Notice to Employee
CO		Public Health Rights
CO		CO OT & Minimum Pay Standards Order #39, Poster & Notice
CO		Notice of Pay Days
CO		Agricultural Labor Rights Poster
CT		CTFMLA and CTPL Notice
DC		District of Columbia Paid Family Leave
DC		Protecting Pregnant Workers Fairness Act
DC		DC FMLA Notification
DC		Breastfeeding Notification
DC		The Wage Theft Prevention Amendment Act of 2014
DE		Delaware Sexual Harassment Prevention Notice
DE		Pay Notification
DE		Pregnancy Accommodation Notice
HI		HC-5 Employee Notification to Employer
HI		Pay, day and hour and place of payment, vacation and/or sick leave notice
IL		New Hire Rate of Pay and Pay Day Notification signed by ER & EE
KY		Pregnant Workers Act
LA		Louisiana Pregnancy Discrimination
MA		Pregnancy Accommodation Notice
MN		Employee Wage & Benefits Notice
MN	Minneapolis	Employee Pre-Hire Notice
MO		Victims of Domestic or Sexual Violence - Leave Time Allowed
NJ		NJ Earned Sick Leave
NJ		Gender Equality Notice
NJ		The Law Against Discrimination
NJ		NJ Family Leave Act
NJ		Temporary Laborer Assignment Notification

NV		Rules to be observed by Employers
NV		Job Connect
NV		Paid Sick Time
NV		Pregnant Workers Fairness Act
NY	NYC	Notice of Employee Rights
NY	NYC	Stop Sexual Harassment Fact Sheet
NY		Notice of Pay Rate
NY	NYC	Know your Rights at Work
RI		Rhode Island Parental and Family Medical Leave Act
RI		Sick and Safe Leave Fact Sheet
SC		Pregnancy Accommodations Act
UT		Work Comp. Insurance
UT		Workplace Safety
UT		Pregnancy & Related Conditions
VA		VHRA REASONABLE ACCOMMODATIONS FOR PREGNANCY
VA		Seizure First Aid Poster
VA		Disability Accommodations
WA		Paid Family and Medical Leave Notice
WA	Seattle	Notice of Employment Information
WV		New Hire Rate of Pay and Pay Day Notification

Infiniti HR

3905 National Drive, Suite 400
Burtovsville, MD 20866

301-841-6380
Toll Free 866-552-6360
Fax: 301-260-1030

www.infinitihr.com

