

SPECIAL PAYMENTS PAYROLL AUTHORIZATION

ACTION CODE	EFFECTIVE DATE	AGENCY CODE 36.04.00	AGENCY CONTACT & PHONE NUMBER Human Resources 240-895-4309				
SOCIAL SECURITY NO. <small>(Verified)</small>		FIRST NAME <small>(Legal name only)</small>		MIDDLE <small>Initial</small>	LAST NAME <small>(Legal name only)</small>		
RATE OF PAY	H/D H	NPH 80	PCT EMP 100	CHK DIST/LOC _____	SUB-PGM _____	PROGRAM 000	PSEUDO CODE _____
FUND SOURCE FIRST	CODE 40	PERCENT 100	REVIEW CODE O1	CLASS CODE 8990	BIRTH DATE	SEX	ETHNIC ID
SECOND			AGENCY CONTROL/BUDGET NUMBER				RESERVED (PIN)
			FUND	FUNCTION	OBJECT	SUBFUND	
THIRD			ENTRY ON DUTY DATE		(IF EMPLOYEE HAS HAD PREVIOUS CONTRACTS THE ENTRY OF DUTY DATE SHOULD BE THE DATE OF THE ORIGINAL CONTRACT.)		

Department Head Approval: _____

Employee Job Title: _____

Employee ID Number: (CARS) _____

Budget Title: _____

Anthology Timesheet Approver: _____

Forms Required: I9
W4
MW507
Substance Abuse
Direct Deposit
MD New Hire

Remarks:

I CERTIFY THAT SUFFICIENT FUNDS ARE IDENTIFIED AND AVAILABLE IN THE AGENCY APPROPRIATION FOR CONTRACTUAL EMPLOYMENT TO SUPPORT THIS EXPENDITURE, THAT THE APPROPRIATE CONTROL AGENCY REVIEW STATUS HAS BEEN INDICATED AND THAT APPROVAL HAS OBTAINED BY WAY OF THE 312 PROCESS, IF REQUIRED.

SIGNATURE-FISCAL OFFICER (Personnel)

SIGNATURE-APPOINTING AUTHORITY

Sue Moreno

DATE

NAME-APPOINTING AUTHORITY

ACTION CODE (01-NEW HIRE, 02-TRANSFER, 03-CHANGE, 04-TERMINATE)

For new hires submission of a W4 (Form MW507) is required. The new W4 Form must indicate Payroll Type CT

REVIEW CODE (REASONS EXEMPT FROM PRE-EMPLOYMENT CONTROL AGENCY REVIEW)

- | | |
|--------------------------|------------------------------|
| 01-STUDENT (FICA EXEMPT) | 04-DIRECT EMERGENCY SERVICES |
| 06-COLLEGE FACULTY | 14-INCENTIVE AWARDS |

ETHNIC ID

- 01-WHITE (NOT OF HISPANIC ORIGIN): INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE PEOPLES OF EUROPE, NORTH AMERICA OR THE MIDDLE EAST
- 02-BLACK (NOT OF HISPANIC ORIGIN): INCLUDES PERSONS HAVING ORIGIN IN ANY OF THE BLACK RACIAL GROUPS OF AFRICA
- 03-ASIAN OR PACIFIC ISLANDERS: INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE PEOPLES OF THE FAR EAST, SOUTHEAST ASIA, THE INDIAN SUBCONTINENT, OR THE PACIFIC ISLANDS. THIS AREA INCLUDES, FOR EXAMPLE, CHINA, KOREA, THE PHILIPPINE ISLANDS, AND SAMOA.
- 04-AMERICAN INDIAN OR ALASKAN NATIVE: INCLUDES PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA, AND WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION
- 05-HISPANIC: INCLUDES PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR OTHER SPANISH CULTURE OF ORIGIN.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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. An alien 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, sex, 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, sex, 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 05/31/2027

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 .
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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 05/31/2027

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.
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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>)
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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>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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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>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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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>)
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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>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
Internal Revenue Service **Give Form W-4 to your employer.**

Your withholding is subject to review by the IRS.

Step 1 – Personal Information (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	Agency Number	Name of Employing Agency	
(a) Employee Name		(b) Social Security Number	
Home Address (number and street or rural route) (apartment number, if any)			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	State	Zip Code	County of Residence (required)
(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.

Tip: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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:	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependents and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000 <input type="checkbox"/> \$ _____		
	Multiply the number of other dependents by \$500..... <input type="checkbox"/> \$ _____		
	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 (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	First date of employment	Employer identification number (EIN)
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**Employee Withholding Exemption Certificate
FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

Section 1 – Employee Information (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	Name of Employing Agency		
Agency Number	Social Security Number	Employee Name	
Home Address (number and street or rural route) (apartment number, if any)			
City	State	Zip Code	County of Residence (required) <small>Nonresidents enter Maryland County or Baltimore City where you are employed</small>

Section 2 – Maryland Withholding

Maryland worksheet is available online at https://marylandtaxes.gov/forms/24_forms/MW507.pdf

<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single Rate
1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2.1. _____
2. Additional withholding per pay period under agreement with employer2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply. <input type="checkbox"/> a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and <input type="checkbox"/> b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements). If both a and b apply, enteryear applicable _____(year effective) Enter "EXEMPT" here 3. _____
4. I claim exemption from withholding because I am domiciled in the following state. <input type="checkbox"/> Virginia I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here4. _____
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here5. _____
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507.6. _____
7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507.7. _____
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military spouses Residency Relief Act. Enter "EXEMPT" here.....8. _____

Section 3 – Employee Signature

Under the penalty of perjury , I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.		
_____	_____	_____
Employee's signature	Date	Daytime Phone Number <small>(In case CPB needs to contact you regarding your MW507)</small>

Employer's name and address (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number (EIN)
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Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

STATE OF MARYLAND
SUBSTANCE ABUSE POLICY
(AS REVISED ON APRIL 1, 1991)

ACKNOWLEDGEMENT OF RECEIPT

As an employee of the State of Maryland, I hereby certify that I have received a copy of the State's new policy regarding the maintenance of a drug-free and alcohol-free workplace.

I realize: that working under the influence of a controlled dangerous substance is a violation of this policy; that working under the influence of alcohol, and driving on or off the job under the influence of alcohol is a violation of this policy; that working under the inappropriate influence of prescribed or over-the-counter drugs is a violation of this policy; and that any violation of this policy can subject me to disciplinary action up to and including termination.

As a condition of employment, I must abide by the terms of this policy and will notify my employer of any criminal drug offense or alcohol driving offense convictions no later than five (5) days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise from conveying this information to the federal agency.

Employee's Name (Print)

Employee's Signature

Date

Memorandum

To: All Contractual Employees

Subject: **Direct Deposit Form**

All direct deposit forms must be completed online through the Central Payroll Bureau's website. Please enter the link below in your browser:

https://www.marylandtaxes.gov/statepayroll/Static_Files/Direct_Deposit_Form.pdf

Employees will be able to type directly into the appropriate fields once the form is opened. The agency code is 360400. When the form is complete, please print the form and then sign in blue or black ink and return the form to your timekeeper at check in.



STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one) Regular Contract University of Maryland

Social Security Number

			-			-				
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Employee's Name (please print)

Agency Code

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Agency Name (please print)

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

(Check One)

- 1. **Initiate** Deposit directly to my checking/savings account
(Will take at least two pay periods to allow for pre-note process.)
- 2. **Change** account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)
Do not close account until payroll check is issued.
- 3. **Discontinue** direct deposit into my checking/savings and issue a payroll check instead.
Do not close account until payroll check is issued.

CPB Use Only

Effective PPE:

Processed by:

Bank Name:

(Omit if action 3 is checked)

Account Type: **(Must Check One)**

If not marked this form will be returned

Checking Savings

Bank Number

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Verify carefully. For checking copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.

Checking/Savings Account Number

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IAT requirement Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

Date

Employee signature

Daytime phone number

Instructions:

- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- Type or print only (except signature).
- Use black ink only.
- Complete all blocked areas in the top part of form except for the section "CPB use only."
- Read authorization and sign the completed form. Unsigned or Incomplete forms will be returned.
- Deposit amount will be full net amount of pay into either your checking/savings account.
- If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
- Do not send a voided blank check.
- Send completed form to Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.

Step-by-Step Instructions

Form W4 - Federal Tax Withholding

- This form must be signed manually (with a pen) and the original submitted to our office, **electronic copies will NOT be accepted**
- Check the box next to 'CT'
- **Complete Step 1** - Personal Information
 - Name (a)
 - Social Security Number (b)
 - Home Address - **the address you provide will be the address your first paper check is sent to**
 - **NOTE: It can take up to 3 pay periods for the direct deposit to be set up. If you want your check to come to you on campus, you should enter your campus address as your home address.**
 - Check the box of the marital status that applies to you (c)
- If you intend to be exempt from tax withholding, write 'Exempt' on the form under Step 4 ([Here is an example](#) of a completed version of this form, if you would be exempt from withholding)
- If you intend to have taxes withheld from your paycheck, skip to Step 5 ([Here is an example](#) of a completed version of this form, if you would not be exempt from withholding)
- **Complete Step 5**
 - Sign
 - Date

Example W4 - Tax Exempt

Form **W-4**

Employee's Withholding Certificate

2025

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury Internal Revenue Service 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 – Personal Information (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input checked="" type="checkbox"/> CT <input type="checkbox"/> UM		Agency Number 360400	Name of Employing Agency St. Mary's College of Maryland
(a) Employee Name Solomon Seahawk		(b) Social Security Number 000-00-0000	
Home Address (number and street or rural route) (apartment number, if any) 47645 College Drive			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 St. Mary's City	State MD	Zip Code 20686	County of Residence (required) St. Mary's
(c) <input checked="" 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.

Tip: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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: If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
Claim Dependents and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000 <input type="checkbox"/> \$		
	Multiply the number of other dependents by \$500 <input type="checkbox"/> \$		
	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)	\$
		Exempt	
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.		
	<i>Solomon Seahawk</i> Employee's signature (This form is not valid unless you sign it.)	09/01/2025 Date	
Employers Only	Employer's name and address (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	First date of employment 09/01/2025	Employer identification number (EIN)

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>

Example W4 - Not Tax Exempt

Form **W-4**

Employee's Withholding Certificate

2025

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Department of the Treasury Internal Revenue Service 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 – Personal Information (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input checked="" type="checkbox"/> CT <input type="checkbox"/> UM		Agency Number 360400	Name of Employing Agency St. Mary's College of Maryland
(a) Employee Name Solomon Seahawk		(b) Social Security Number 000-00-0000	
Home Address (number and street or rural route) (apartment number, if any) 47645 College Drive			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 St. Mary's City	State MD	Zip Code 20686	County of Residence (required) St. Mary's
(c) <input checked="" 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.

Tip: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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:	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependents and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000 <input type="text" value="0"/> \$ 0	3	\$ 0
	Multiply the number of other dependents by \$500 <input type="text" value="0"/> \$ 0 <small>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.</small>		
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)	\$ 500
	(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)	\$ 0
	(c) Extra withholding. Enter any additional tax you want withheld each pay period.	4(c)	\$ 0

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.		
	<i>Solomon Seahawk</i> Employee's signature (This form is not valid unless you sign it.)	09/01/2025 Date	
Employers Only	Employer's name and address (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	First date of employment 09/01/2025	Employer identification number (EIN)

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted. Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>

Form MW507 - Maryland Withholding

- This form must be signed manually (with a pen) and the original submitted to our office, **electronic copies will NOT be accepted**
- **Complete Section 1 - Employee Information**
 - Check the box next to 'CT'
 - Provide:
 - Social security number
 - Name
 - Home Address
 - NOTE: It can take up to 3 pay periods for the direct deposit to be set up. If you want your check to come to you on campus, you should enter your campus address as your home address.**
 - City
 - State
 - Zip Code
- **Complete Section 2 - Maryland Withholding**
 - Check the applicable box for marital status
 - If you intend to be exempt from tax withholding
 - check both boxes on Line 3
 - enter **'2025'** in the space provided below checkboxes
 - write/type 'Exempt' on Line 3 ([Here is a sample](#) document with the necessary fields highlighted)
 - If you intend to have taxes withheld from your paycheck, provide the number of claimed exemptions on Line 1 ([Here is a sample](#) document with the necessary fields filled out)

Example MW507 - Not Tax Exempt

Form MW507
Comptroller of Maryland

Employee Withholding Exemption Certificate FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

2025

Section 1 - Employee Information (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM		Name of Employing Agency St. Mary's College of Maryland	
Agency Number 360400	Social Security Number 000-00-0000	Employee Name Solomon Seahawk	
Home Address (number and street or rural route) 47645 College Drive		(apartment number, if any)	
City St. Mary's City	State MD	Zip Code 20686	County of Residence (required) <small>(Nonresidents enter Maryland County or Baltimore City where you are employed)</small> St. Mary's

Section 2 - Maryland Withholding

Maryland worksheet is available online at https://marylandtaxes.gov/forms/24_forms/MW507.pdf

<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single Rate		
1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2	1. 1	
2. Additional withholding per pay period under agreement with employer	2. \$x	
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.		
<input type="checkbox"/> a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and		
<input type="checkbox"/> b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).		
If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here	3. [dropdown]	
4. I claim exemption from withholding because I am domiciled in the following state.		
<input type="checkbox"/> Virginia		
I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here	4. [dropdown]	
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here		5. [dropdown]
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507.		6. [dropdown]
7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507.		7. [dropdown]
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military spouses Residency Relief Act. Enter "EXEMPT" here		8. [dropdown]

Section 3 - Employee Signature

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Solomon Seahawk
Employee's signature

09/01/2025
Date

(000) 000-0000
Daytime Phone Number
(In case CPB needs to contact you regarding your MW507)

Employer's name and address (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number (EIN)
---	--

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>

Example MW507 - Tax Exempt

Form MW507

**Employee Withholding Exemption Certificate
FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY**

2025

Comptroller of Maryland

Section 1 – Employee Information (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM		Name of Employing Agency St. Mary's College of Maryland	
Agency Number 360400	Social Security Number 000-00-0000	Employee Name Solomon Seahawk	
Home Address (number and street or rural route) (apartment number, if any) 47645 College Drive			
City St. Mary's City	State MD	Zip Code 20686	County of Residence (required) <small>Nonresidents enter Maryland County or Baltimore City where you are employed.</small> St. Mary's

Section 2 – Maryland Withholding

Maryland worksheet is available online at https://marylandtaxes.gov/forms/24_forms/MW507.pdf

Single Married (surviving spouse or unmarried Head of Household) Rate Married, but withheld at Single Rate

- Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2 1.
- Additional withholding per pay period under agreement with employer 2.
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply.
 - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
 - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
 If both a and b apply, enteryear applicable 2025 (year effective) Enter "EXEMPT" here 3.
- I claim exemption from withholding because I am domiciled in the following state.
 - Virginia
 - I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here 4.
- I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here 5.
- I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507 6.
- I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507 7.
- I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military spouses Residency Relief Act. Enter "EXEMPT" here 8.

Section 3 – Employee Signature

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Solomon Seahawk 09/01/2025 (000) 000-0000

Employee's signature Date Daytime Phone Number
(In case CFB needs to contact you regarding your MW507)

Employer's name and address (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number (EIN)
---	--

Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.

Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.nhp>

State of Maryland Payroll Direct Deposit Form

- **Form must be typed, then signed manually with a pen (aka, a 'wet ink' signature)**
- Check box next to 'Contract'
- Enter your social security number and name
- Check box next to 'Initiate'
- Enter bank name
- Enter account type
 - The State of Maryland generally does not allow deposits into savings accounts; this should be a checking account
- Enter bank number - this refers to your bank's **routing number**
 - This should be available on your bank's website OR [you can look it up at this website of the American Banker's Association](#)
- Enter your checking account number
 - Please note that the length of account numbers vary by institution, do not be alarmed if you have boxes left over
- Enter the date
- Enter your telephone number
 - Do not enter hyphens or parens
- **Print form, and sign line above 'Employee Signature' with a pen**

Example Maryland Direct Deposit Form



STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one) Regular Contract University of Maryland

Social Security Number 0 0 0 - 0 0 - 0 0 0 0	Employee's Name (please print) Solomon Seahawk
Agency Code 3 6 0 4 0 0	Agency Name (please print) St. Mary's College of Maryland

I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

(Check One)

1. **Initiate** deposit directly to my checking/savings account
(Will take at least two pay periods to allow for pre-note process.)

2. **Change** account type (checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)
Do not close account until payroll check is issued.

3. **Discontinue** direct deposit into my checking/savings and issue a payroll check instead.
Do not close account until payroll check is issued.

CPB Use Only

Effective PPE:

Processed by:

Bank Name:
(Omit if action 3 is checked) (Your Bank's Name)

Account Type: (Must Check One)
If not marked this form will be returned

Checking Savings

Bank Number
0 0 0 0 0 0 0 0 0

Verify carefully: For checking, copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.

Checking/Savings Account Number
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

IAT requirement Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

09/01/2025

(000) 000-0000

Date

Employee signature
(Original wet signature required)

Daytime phone number

Instructions:

- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- Type only (except signature).
- Use black ink only.
- Complete all blocked areas in the top part of form except for the section "CPB use only."
- Read authorization and sign the completed form. Only original forms will be accepted. Unsigned or Incomplete forms will be returned.
- Deposit amount will be full net amount of pay into either your checking/savings account.
- If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
- Do not send a voided blank check.
- Send completed form to: Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404. Phone 410-260-7401.

CPB/c/0059/5-2020

Form I-9 - Employment Eligibility

- Complete Section 1. Employee Information and Attestation ([This example](#) shows the critical fields to fill out)
 - Last name
 - First name
 - Address (use your home address, NOT campus address)
 - Date of birth
 - Social security number
 - Email address
 - Telephone number
- Check the applicable citizenship status
- Sign and date form (Signature of Employee)
- Under 'Preparer and/or Translator Certification', check the box next to 'I did not use a preparer or translator'
- Do not complete second page

Your hiring manager needs to verify your paperwork; [Consult this website for the document combinations that can be accepted.](#)

Example I9



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) Seahawk		First Name (Given Name) Solomon		Middle Initial (if any) S	Other Last Names Used (if any)	
Address (Street Number and Name) 47645 College Drive			Apt. Number (if any)	City or Town St. Mary's City		State MD
Date of Birth (mm/dd/yyyy) 09/01/1840		U.S. Social Security Number 0 0 0 0 0 0 0 0 0		Employee's Email Address ssseahawk@smcm.edu		Employee's Telephone Number (000) 000-0000
<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 checked="" 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 Solomon Seahawk				Today's Date (mm/dd/yyyy) 09/01/2025		

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)		Additional Information		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
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.				First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative	
Employee's Business or Organization Name			Employee's Business or Organization Address, City or Town, State, ZIP Code	

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