



## 2025 PCA Choice

### Employment Packet Checklist

	Document Name	Form Needs to be Completed By:	
		Employee	Managing Party
<input type="checkbox"/>	Employment Relationship Form	✓	✓
<input type="checkbox"/>	Job Description	✓	✓
<input type="checkbox"/>	Background Study	✓	
<input type="checkbox"/>	W4 (State & Federal)	✓	
<input type="checkbox"/>	I9 (See Example)	✓	✓
<input type="checkbox"/>	Employment Agreement	✓	
<input type="checkbox"/>	MHCP Enrollment Application	✓	
<input type="checkbox"/>	MHCP Provider Agreement	✓	
<input type="checkbox"/>	Training Certificate Instructions	✓	
<input type="checkbox"/>	Wage Payment Election and Consent	✓	
<input type="checkbox"/>	Retirement Plan Option (403B)	✓	
<input type="checkbox"/>	Self-Identification	Optional	
<input type="checkbox"/>	Live-In Caregiver Exemption	✓	

If you have any questions before submitting your application, please call 1-800-829-7110 and ask to speak to Human Resources. Employee packets may be sent via:

Email: [cdshr@mymrci.org](mailto:cdshr@mymrci.org)

Fax Application to: 888-696-8552

Mail Application to: MRCI CDS- HR  
 1750 Energy Drive, PO Box 328  
 Mankato, MN 56002

**Do not begin working until the Managing Party has been notified by MRCI.**



## EMPLOYEE/CLIENT RELATIONSHIP FORM

To be completed by the Employee			
First Name	Middle Name	Last Name	
Date of Birth (MM/DD/YYYY)	Phone Number	Social Security Number	
Address			
City	State	Zip	Are You legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address (Required)		Previously employed by MRCI? Yes _____ No _____	Age 18 or older? Yes _____ No _____
Relationship of <b>Employee</b> to the <b>Client</b> :			

To be completed by the Client or Client Representative	
Client Name	Email of Client Representative
Client Representative's Name	Wage of Employee \$ _____

### Applicant Statement

I understand that employment offered by MRCI is at-will. I hereby certify that the answers and statements in this application are true and correct, and I further understand that falsification of information may be the cause of non-hire or discharge. I authorize MRCI to conduct inquiries into any job-related information contained in this application. Moreover, I hereby release MRCI and any agent acting on its behalf from any and all liabilities of any nature by reason of requesting such information from any person. I hereby authorize educational institutions, previous employers and references to furnish information concerning my personal character, habits or employment record. If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice and MRCI reserves the same right to terminate my employment at any time with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of time or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral, or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by MRCI's Chief Executive Officer. If I am hired, I understand that I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

Applicant Printed Name	Applicant Signature	Date            12/2023
------------------------	---------------------	-------------------------

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)



## JOB DESCRIPTION

**Please provide job details specific to the client being as descriptive as possible. You may use the clients CSSP as a reference, but it should not be sent in to replace this job description.**

**If an item does not apply, show 'NA'**

1. Staff provides personal care assistance to client as directed by the client & CSSP/Addendum or Care Plan. (client/client's representative fills in details):
  - Bathing-
  
  - Grooming-
  
  - Dressing-
  
  - Positioning-
  
  - Toileting-
  
  - Oral care-
  
  - Other cares (describe)-
  
2. Staff assists the client with meals as directed:  
Details:
  
3. Staff can properly and safely lift, transfer and transport client in device(s) indicated below.  
Details:
  
4. Staff can lift up to \_\_\_\_\_ pounds
  
5. Other responsibilities, for example, community access, life skills, therapies, behavior management, educational activities, etc. Please list and explain expectations in detail.
  
6. Each Employee is required to review the Consumer Support Services Plan Addendum (CSSP Addendum) or Care Plan upon hire and annually thereafter.

**AS AN EMPLOYEE OF MRCI, IT IS THE EXPECTATION OF BOTH MRCI AND THE CLIENT**

**THAT YOU:**

7. Able to work independently
8. Follow through with job responsibilities in a timely manner
9. Utilize proper lifting and body mechanics to prevent personal injury
10. Demonstrate knowledge of and adhere to all infection-control procedures including proper hand washing techniques and contact with blood spills and other bodily fluids
11. Manage time effectively
12. Demonstrate knowledge and skills necessary to provide care appropriate to the age of the client
13. Provide care as directed by the client and/or the client's representative
14. Recognize and report changes in client's conditions to the appropriate person.
15. Document as required by the client or client representative and by MRCI
16. Display appropriate, courteous attitude and behavior (respect, support, loyalty) toward the client and family, the client's representative, and toward other staff
17. Exercise discretion and maintain confidentiality in all matters relating to the client and family, the client's representative, and other staff
18. Maintain calm and professional demeanor in stressful situations
19. Limit personal phone usage
20. Wear appropriate clothing and accessories; give proper attention to personal hygiene
21. Adhere to the client's or the client representative's policy for attendance and tardiness, including providing proper notification for absences or tardiness
22. Follow the client's or client representative's directions regarding smoking while at work

**Employee complete this section:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Client/ Client Representative complete this section:**

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Printed Name of Client Representative

\_\_\_\_\_  
Client/ Client Rep Signature  
(signifies approval of this job description)

\_\_\_\_\_  
Date

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
Mankato, MN 56001

[www.MRCICDS.org](http://www.MRCICDS.org)



# MN Department of Human Services Background Study Information Form

Agency ID: **56009 CDCS**

**1069754 Personal Support/ Respite**

**97495 PCA Choice**

Agency: MRCI  
 1750 Energy Drive PO Box 328  
 Mankato, MN 56002

Minnesota Department of Human Services, Minnesota Bureau of Criminal Apprehension, and the Federal Bureau of Investigation require MRCI to collect this information in order for DHS to conduct a fingerprint based criminal record search.

Please print legibly. Information provided on this form must exactly match to the information on your form of ID (driver's license, government issued ID, passport or other acceptable document). Please contact MRCI for questions on this requirement.

### Personal Data

First Name	Middle Name	Check here if you do not have a middle name <input type="checkbox"/>	Last Name
Date of Birth (MM/DD/YYYY)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Social Security Number*	
Phone Number	Email Address (Required for Background Study to be completed)		
Race (optional)	Eye color	Hair color	
Height	Weight	Place of Birth (State)	

\*Social Security number is not required to initiate a background study, but is necessary for the background study to be transferrable. Should you wish to work in multiple programs and have your background transferable, this information is required.

### Other names known by (maiden names, married names, nicknames, etc.)

First Name	Middle Name	Last Name
First Name	Middle Name	Last Name
First Name	Middle Name	Last Name

Have you lived out-of-state within the last 5 years?:  Yes  No

Office Hours:  
 Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
 Mankato, MN 56002

## Form of Identification Information

Document Type (Driver's License, Government Issued ID, Passport etc.)	Issuing State/Authority
Document Number	Expiration Date

## Permanent Address

Address		
City	State	Zip
Date of Residence: FROM ____/____/____ TO Current		

## Mailing Address Same as Permanent Address

Address		
City	State	Zip

## Previous Out-of-State Addresses within the last 5 years (Required if yes is checked above)

Address		
City	State	Zip
Dates of Residence: FROM _____(year) TO _____(year)		

- I understand having direct contact services to people receiving services is a requirement of the position I am being considered for and that having and maintaining a satisfactory record with the Department of Human Services is a condition of my employment with MRCI.
- I agree to release MRCI, its employees, and those who supplied me with the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.
- I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on this form or any supplements to it will be sufficient grounds for rejection of employment and my discharge after employment.
- I authorize MRCI to submit the above information to DHS to investigate my criminal background as part of the hiring process. I have received a copy of the Privacy Notice, Acceptable Forms of Identification for DHS Background Studies, and Fingerprint and Photo Information for DHS Background Study Subjects.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05)

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)

Revised 11/27/2018

# 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.**

**2025**

<b>Step 1: Enter Personal Information</b>	<b>(a)</b> First name and middle initial _____	Last name _____	<b>(b)</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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	<b>(c)</b> <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.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://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 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](http://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](http://www.irs.gov/W4App) for the 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.)

<b>Step 3: Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	<b>(a) Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	<b>(b) Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	<b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
---------------------------	-----------------------------------	--------------------------------	--

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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](http://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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 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 2025 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 17, 2026.

**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](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**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](http://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. Submit a separate Form W-4 for each job.

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 2025 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.



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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

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



- 1 Enter an estimate of your 2025 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
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



**2025 W-4MN, Minnesota Withholding Allowance/Exemption Certificate**

**Employees**

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial	Last Name	Social Security Number
Permanent Address		<b>Marital Status (Check one):</b> <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City	State      ZIP Code	

**Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.**

**Section 1 — Determining Minnesota Allowances**

- A** Enter "1" if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_
- B** Enter "1" if any of the following apply: . . . . . **B** \_\_\_\_\_
  - You are single and have only one job
  - You are married, have only one job, and your spouse does not work
  - Your wages from a second job or your spouse's wages are \$1500 or less
- C** Enter "1" if you are married. Or choose to enter "0" if you are married and have either a working spouse or more than one job. (*Entering "0" may help you avoid having too little tax withheld.*) . **C** \_\_\_\_\_
- D** Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. . . . . **D** \_\_\_\_\_
- E** Enter "1" if you will use the filing status Head of Household (*see instructions*). . . . . **E** \_\_\_\_\_
- F** Add steps A through E. If you plan to itemize deductions on your 2024 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. . . . **F** \_\_\_\_\_

**1 Minnesota Allowances.** Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . . . **1** \_\_\_\_\_

**2 Additional Minnesota withholding you want deducted for each pay period (*see instructions*) . . . . . **2** \$ \_\_\_\_\_**

**Section 2 — Exemption From Minnesota Withholding**

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (*see Section 2 instructions for qualifications*). If applicable, check one box below to indicate why you believe you are exempt:

- A** I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B** Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
  - I had no Minnesota income tax liability last year
  - I received a refund of all Minnesota income tax withheld
  - I expect to have no Minnesota income tax liability this year
- C** All of these apply:
  - My spouse is a military service member assigned to a military location in Minnesota
  - My domicile (legal residence) is in another state
  - I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_
- D** I am an American Indian that resides and works on a reservation for which I am enrolled (*see instructions*).  
 Enter the reservation name: \_\_\_\_\_  
 Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: \_\_\_\_\_
- E** I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F** I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

*I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.*

Employee's Signature	Date	Daytime Phone Number
----------------------	------	----------------------

**Employees:** Give the completed form to your employer.

**Employers**

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State      ZIP Code

## Form W-4MN Instructions for Employees

Complete this form for your employer to calculate the amount of Minnesota income tax to be withheld from your pay.

### When must I complete Form W-4MN?

Complete Form W-4MN if any of these apply:

- You begin employment
- You change your filing status
- You reasonably expect to change your filing status in the next calendar year
- Your personal or financial situation changes
- You claim exempt from Minnesota withholding (see Section 2 instructions for qualifications)

If you have not had sufficient Minnesota income tax withheld from your wages, we may assess penalty and interest when you file your state income tax return.

**Note:** Your employer may be required to submit a copy of your Form W-4MN to the Minnesota Department of Revenue. You may be subject to a \$500 penalty if you provide a false Form W-4MN.

**You must enter your Social Security Number for this Form W-4MN to be valid.**

### What if I have completed federal Form W-4?

If you completed a 2025 Form W-4, you must complete Form W-4MN to determine your Minnesota withholding allowances.

### What if I am exempt from Minnesota withholding?

If you claim exempt from Minnesota withholding, complete only Section 2 of Form W-4MN and sign and date the form to validate it. If you complete Section 2, you must complete a new Form W-4MN by February 15 in each following year in which you claim an exemption from Minnesota withholding.

You cannot claim exempt from withholding if all of these apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

If you do not complete a new Form W-4MN to claim exempt from Minnesota withholding by February 15, your employer will withhold tax as if your filing status is single with zero withholding allowances.

### What if I am a nonresident alien for U.S. income taxes?

If you are a nonresident alien, you are not allowed to claim exempt from withholding. You will check the single box for marital status regardless of your actual marital status and may enter one personal allowance on Step A of Section 1. Enter zero on steps B, C, and E of Section 1.

If you are resident of Canada, Mexico, South Korea, or India, and are allowed to claim dependents, enter the number of dependents on Step D.

### Section 1 — Minnesota Allowances Worksheet

Complete Section 1 to find your allowances for Minnesota withholding tax. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

If you expect to owe more income tax for the year than will be withheld, you can claim fewer allowances or request additional Minnesota withholding from your wages. Enter the amount of additional Minnesota income tax you want withheld on line 2 of Section 1.

#### Nonwage Income

Consider making estimated payments if you have a large amount of “nonwage income.” Nonwage income (other than tax-exempt income) includes interest, dividends, net rental income, unemployment compensation, gambling winnings, prizes and awards, hobby income, capital gains, royalties, and partnership income.

#### Two Earners or Multiple Jobs

If your spouse works or you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4MN. Usually, your withholding will be more accurate when all allowances are claimed on the Form W-4MN for the highest paying job and zero allowances are claimed on the others.

#### Head of Household Filing Status

You may claim Head of Household as your filing status if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents. Enter “1” on Step E if you may claim Head of Household as your filing status on your tax return.

#### What if I itemize deductions on my Minnesota return or have other nonwage income?

Use the Itemized Deductions and Additional Income Worksheet to find your Minnesota withholding allowances. Complete Section 1 on page 1, then follow the steps in the worksheet on the next page to find additional allowances.

**Itemized Deductions and Additional Income Worksheet**

- 1 Enter an estimate of your 2025 Minnesota itemized deductions. For 2025, you may have to reduce your itemized deductions if your income is over \$238,950 (\$119,475 for Married Filing Separately).....
- 2 Enter one of the following based on your filing status: .....
  - a. \$29,900 if Married Filing Jointly
  - b. \$22,500 if Head of Household
  - c. \$14,950 if Single or Married Filing Separately
- 3 Subtract step 2 from step 1. If zero or less, enter 0 .....
- 4 Enter an estimate of your 2025 additional standard deduction (from page 11 of the Form M1 instructions).....
- 5 Add steps 3 and 4 .....
- 6 Enter an estimate of your 2025 taxable nonwage income .....
- 7 Subtract step 6 from step 5. If zero, enter 0. If less than zero, enter the amount in parentheses.....
- 8 Divide the amount on step 7 by \$5,200. If a negative amount, enter in parentheses. Do not include fractions .....
- 9 Enter the number on step F of Section 1 on page 1 .....
- 10 Add step 8 and 9 and enter the total here. If zero or less, enter 0. Enter this amount on line 1 of page 1. ....

**Section 2 — Minnesota Exemption**

Your employer will not withhold Minnesota taxes from your pay if you are exempt from Minnesota withholding. You cannot claim exempt from withholding if all of these apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

**Box A**

Check box A of Section 2 to claim exempt if all of these apply:

- You meet the requirements to be exempt from federal withholding
- You had no Minnesota income tax liability in the prior year and received a full refund of Minnesota tax withheld
- You expect to have no Minnesota income tax liability for the current year

**Box B**

Check box B of Section 2 if you are not claiming exempt from federal withholding, but meet the second and third requirements for box A.

**Box C**

Check box C in Section 2 to claim exempt if all of these apply:

- You are the spouse of a military member assigned to duty in Minnesota
- You and your spouse are domiciled in another state
- You are in Minnesota solely to be with your active duty military spouse member

**Boxes D-F**

If you receive income from the following sources, it is exempt from Minnesota withholding. Your employer will not withhold Minnesota tax from that income when you check the appropriate box in Section 2.

- **Box D:** You receive wages as a member of an American Indian tribe living and working on the reservation of which you are an enrolled member. Enter the name of your reservation and your Certificate of Degree of Indian or Alaskan Blood (CDIB) number/enrollment number. **Members of the Minnesota Chippewa Tribe** can exclude income regardless of which Minnesota Chippewa Tribe reservation you live and work on. This affects members of these tribes:
  - Mille Lacs
  - Nett Lake (Bois Forte)
  - Fond du Lac
  - Leech Lake
  - White Earth
  - Grand Portage
- **Box E:** You receive wages for Minnesota National Guard (MNG) pay or for active duty U.S. military pay. MNG and active duty U.S. military members can claim exempt from Minnesota withholding on these wages, even if they are taxable federally. For more information, see Income Tax Fact Sheet 5, *Military Personnel*.
- **Box F:** You receive a military pension or other military retirement pay calculated under U.S. Code title 10, sections 1401 through 1414, 1447 through 1455, and 12733. You may claim exempt from Minnesota withholding on this income even if it is taxable federally.

**Note:** You may not want to claim exempt if you (or your spouse if filing a joint return) expect to have other forms of income subject to Minnesota tax and you want to avoid owing tax at the end of the year.

If you complete Section 2, you must complete a new Form W-4MN by February 15 in each following year.

**Nonresident Alien**

If you are a nonresident alien for federal tax purposes, do not complete Section 2. See IRS Publication 519, *U.S. Tax Guide for Aliens*.

**Line 2 — Additional Minnesota Withholding**

If you would like an additional amount of tax to be deducted per payment period, enter the amount on line 2. Do not enter a percentage of the payment you want to be deducted.

**Use of Information**

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the IRS, other states that guarantee the same privacy, or by court order. Your name, address, and Social Security Number are required for identification. Information about your allowances is required to determine your correct tax. We ask for your phone number so we can call if we have a question.

**Questions?**

- Website: [www.revenue.state.mn.us](http://www.revenue.state.mn.us)
- Email: [withholding.tax@state.mn.us](mailto:withholding.tax@state.mn.us)
- Phone: 651-282-9999 or 1-800-657-3594 (toll-free)

*Employer instructions are on the next page.*

# Form W-4MN Employer Instructions

## Form W-4MN Requirement

Federal Form W-4 will not determine withholding allowances used to determine the amount of Minnesota withholding. Employees completing a 2025 Form W-4 will need to complete 2025 Form W-4MN to determine the appropriate amount of Minnesota withholding.

## Lock-In Letters

IRS Letter 2800C tells you when the IRS believes your employee may have filed an incorrect federal Form W-4. If you receive this letter, you must provide the Minnesota Department of Revenue with a copy of the employee's Form W-4MN. We will verify the number of allowances that the employee may claim for Minnesota purposes. Continue using the Form W-4MN you were using at the time you received Letter 2800C from the IRS, until we notify you to change the amount of allowances on the employee's Form W-4MN. If the employee has not completed a Form W-4MN, have them complete the form and use the allowances calculated on that form until notified by the department.

**Use the amount on line 1 of page 1 for calculating the withholding tax for your employees.**

## When does an employee complete Form W-4MN?

Employees complete Form W-4MN no later than when they begin employment or when their personal or financial situation changes.

## How should I determine Minnesota withholding for an employee that does not complete Form W-4MN?

If an employee does not complete Form W-4MN and they have a federal Form W-4 (from 2019 or prior years) on file, use the allowances on their federal Form W-4. Otherwise, withhold Minnesota tax as if the employee is single with zero withholding allowances.

## What if my employee claims to be exempt from Minnesota withholding?

If your employee claims exempt from Minnesota withholding, they must complete Section 2 of Form W-4MN. They must provide you with a new Form W-4MN by February 15 of each year. If they claimed exempt the prior year and do not provide you with a new Form W-4MN by February 15, then withhold Minnesota tax as if the employee is single with zero withholding allowances. If you are paying an employee for wages that are exempt from withholding, such as Medicaid Waiver Payments or wages to H-2A visa workers, do not send us Form W-4MN.

## When do I need to submit copies of a Form W-4MN to the department?

You must send copies of Form W-4MN to us if any of these apply:

- The employee claims more than 10 Minnesota withholding allowances
- The employee checked box A or B under Section 2, and you reasonably expect the employee's wages to exceed \$200 per week
- You believe the employee is not entitled to the number of allowances claimed

You do not need to submit Form W-4MN to us if the employee is asking to have additional Minnesota withholding deducted from their pay.

We may assess a \$50 penalty for each Form W-4MN you do not file with us when required.

Mail Forms W-4MN to:

Minnesota Department of Revenue  
Mail Station 6501  
600 N. Robert St.  
St. Paul, MN 55146-6501

## What if my employee is a resident of a state that has a reciprocity agreement with Minnesota?

Your employee must complete Form MWR, Reciprocity Exemption/Affidavit of Residency if both of these apply:

- They are a resident of North Dakota or Michigan, and
- They do not want you to withhold Minnesota tax from their wages

Your employee must complete a Form MWR by February 28 of each year, or within 30 days after they begin working or change their permanent residence. See Withholding Fact Sheet 20, *Reciprocity - Employee Withholding*, for more information.

## What is an invalid Form W-4MN?

A Form W-4MN is considered invalid if any of these apply:

- There is any unauthorized change or addition to the form, including any change to the language certifying the form is correct
- The employee indicates in any way the form is false by the date they provide you with the form
- The form is incomplete or lacks the necessary signatures
- Both Section 1 and Section 2 were completed
- The employer information is incomplete

## What if I receive an invalid form?

Do not use the invalid form to calculate Minnesota income tax withholding. Have the employee complete and submit a new Form W-4MN. If the employee does not give you a valid form, and you have an earlier Form W-4MN from them, use the earlier form to calculate their withholding.

If a valid Form W-4MN is not completed by the employee, withhold taxes as if the employee is single and claiming zero withholding allowances.

## What if my employee is a nonresident alien of the United States?

If the wages to this employee are subject to income tax withholding, you will use Table 1 and the procedure under **Withholding Adjustment for Nonresident Alien Employees** in IRS Publication 15-T to determine the correct Minnesota withholding tax. Do not use this procedure for nonresident alien students from India and business apprentices from India. Also do not use this procedure for certain nonresident aliens who are residents of South Korea. See IRS Notice 1392 for special instructions and withholding exceptions.



This is an **EXAMPLE** only. Please fill out blank I9 that follow this form

# 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) <b>EXAMPLE ONLY</b>		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, selection of the box for 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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Employee's Signature					Today's Date (mm/dd/yyyy)	

Employee must Complete this section.

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)	_____		_____		_____

Complete List A **OR** Complete List B & C  
Send copy of list A with packet

Client or Authorized Representative must complete this section.

Document Title 2 (if any)		Example Only	
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

**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.

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



# 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><b>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.</b></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 <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , 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><b>Additional Information</b></p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> 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)					

**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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name <b>MRCI</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>1750 Energy Dr, Mankato, MN 56001</b>		

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

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



## EMPLOYMENT AGREEMENT PCA CHOICE

Agreement made by and between MRCI-CDS, a Minnesota Non-profit Corporation, hereinafter called "MRCI-CDS" and \_\_\_\_\_, hereinafter called the "Employee".

### RECITALS

- A. Client Representative ("Responsible Party") has responsibility for a Participant who has been screened by a public health nurse and found to be eligible for Personal Care Assistant services.
- B. The Responsible Party and the Participant may be the same person.
- C. The Responsible Party has asked MRCI-CDS to assist in employing the Personal Care Attendant (herein referred to as the 'Employee'), paying the Employee and billing for services.
- D. MRCI-CDS wishes to employ the Employee, and the Employee wishes to be employed by MRCI-CDS to provide assistance to the Participant.
- E. An Employee under PCA Choice may not be the:
  - Paid legal guardian of an adult
  - Legal guardian of a minor
  - Recipient of PCA services
  - Responsible party of a recipient

### TERMS

In consideration of the promises and conditions contained herein, the parties agree as follows:

1. Employment. MRCI-CDS will employ the Employee to assist the Participant and the Responsible Party, and the Employee shall accept such employment in accordance with the terms and conditions of this Agreement. **No individual will be considered an Employee of MRCI-CDS until all requirements to become an employee have been fulfilled and the Responsible Party has received notification of the hire date.** The Responsible Party agrees to not engage the Employee in work before the official hire date.
2. Job Assignment.
  - a. Responsible Party has developed a written job description, a copy of which is included. The conditions of employment outlined in the job description may be amended periodically by the Responsible Party; MRCI-CDS must be furnished with a copy of these amendments, including employee signature.
  - b. The Responsible Party will establish location of work, specific job duties and working conditions. The Employee will be responsible for following the requirements and duties as stated in the job description developed and written by the Responsible Party.
  - c. The Employee is expected to perform his/her/their duties in an ethical manner, preserving and respecting the rights and dignity of the Participants served.
  - d. Hours of work may vary from week to week and will be established by the Responsible Party. In the event the employee cannot work a scheduled shift, the Responsible Party should be contacted as soon as possible.

3. Supervision. The Responsible Party will assume the responsibility for the quality of the services that the Employee provides and will supervise and evaluate the Employee, in cooperation with MRCI-CDS. The Responsible Party will also perform disciplinary actions and terminations, if necessary.
4. Compensation. The Employee will receive \$ \_\_\_\_\_ per hour as compensation for services rendered. MRCI will issue paychecks to the Employee every two weeks, provided that accurate, signed time records are received by MRCI-CDS by the due dates as shown on the current payroll calendar.

The Employee may not submit time records and will not be paid for any time for which the Participant is admitted to a hospital, nursing home, rehabilitation facility or for any period for which the Participant is not eligible for services.

5. **Maximum number of hours allowed. An Employee cannot work over 40 hours per week and/or cannot work more than 310 hours in total, per month. (The work week begins on Sunday and ends on Saturday.) The State of Minnesota tracks all of the hours worked by each PCA, across all of the PCA agencies the Employee works for. If a PCA exceeds the limits stated above, MRCI-CDS will take disciplinary action up to and including termination.**
6. Employment-At-Will. The employment relationship between Employee and MRCI-CDS will be employment-at-will; this means that MRCI-CDS may terminate this employment relationship at any time and for any or no reason. MRCI-CDS will attempt to give the Employee at least two weeks advanced notice of termination. MRCI-CDS requests that the Employee also attempts to give at least two weeks advanced notice of termination.
7. Employee Relations. It is the policy of MRCI-CDS to be fair and honest with its personnel and respect the individual rights of all Employees. MRCI-CDS will strive to achieve mutual respect in working relationships and insist that Responsible Parties strive to carry out the policy.

Employees are expected to provide wholehearted service during work hours and not engage in conduct, which is immoral, unethical, or illegal. Employees are to be respectful of authority and abide fully by the regulations that govern their employment.

8. Grievance Policy.

If at any time in your use of, or in your association with, MRCI's Client Directed Services (CDS) department, you are dissatisfied with the services being provided to you, you or your authorized representative should contact MRCI's CDS representative. If you are not satisfied with the outcome, you should put your concern **in writing**. The address is:

MRCI-CDS  
1750 Energy Drive, PO Box 328  
Mankato, MN 56002  
Fax: 1-888-800-7336

The CDS representative will speak with you to discuss the issue within ten (10) working days of receiving the grievance and will respond to your grievance within ten (10) working days following the meeting. If the grievance has not been resolved to your satisfaction, you may contact the Chief of Client Directed Services. You will receive a written response to your meeting with the Chief of Client Directed Services within ten (10) days following the meeting. If the grievance still has not been resolved to your satisfaction, the grievance may be submitted to MRCI's Chief Executive Officer, **in writing – phone calls will not be accepted**. MRCI's Chief Executive Officer, will contact you to address the issue within ten (10) working days of receipt of the grievance. You will receive an answer from the Chief Executive Officer within ten (10) working days following the discussion or hearing. The MRCI Board of Directors has delegated the authority to the Chief Executive Officer to make decisions concerning grievances and is considered to be the highest level of authority at MRCI.

***This grievance policy does not preclude recourse to protection under state or federal civil rights act; nor does it prevent the utilization of consumer advocates.***

9. Employment discrimination. MRCI-CDS’s policy of providing Equal Opportunity to all staff members and applicants for employment is in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof, specifically Minnesota Statute 363.

MRCI-CDS will not discriminate against or harass any staff member or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, status with regard to public assistance or veteran’s status.

If an Employee of MRCI-CDS has a complaint about harassment, discrimination, any believed violation of state or federal law, or retaliation, a report should be made as soon as possible to MRCI’s Client Directed Services Department. The Employee should make a written report and send it to: MRCI-CDS, Attention Chief of CDS, 1750 Energy Drive, PO Box 328 Mankato, MN 56002. All reports will be confidential and will be recorded as a grievance. Timelines for a response from MRCI-CDS are the same as described above in MRCI-CDS’s Grievance Policy.

10. Benefits. There is a limited benefit package for an employee because of the dual-employee designation. The labor agreement between the State of Minnesota and Service Employee International Union (SEIU), requires that all employees in the PCA Choice program receive Paid Time Off (PTO) in the amount of 1 hour for every 30 hours worked. Contact MRCI-CDS (800-829-7110) for more information. The Employee is not eligible for MRCI-CDS’s Dental Plan or MRCI-CDS’s Life Insurance Plan. However, an employee who consistently works 30 or more hours per week may qualify to enroll in health insurance made available by MRCI-CDS. All employees are eligible for participation in MRCI-CDS’s 403(B) Retirement Plan. Contact MRCI-CDS for full details. You may qualify for FMLA benefits, contact your HR department for more information.

11. Workers' Compensation and Unemployment. The Employee is covered by workers' compensation insurance and unemployment compensation insurance.

***However, if you are injured by working outside of your job description, it may impact your ability to be covered by workers’ compensation.***

13. Training/Orientation. MRCI-CDS will provide Orientation Training Materials to the employee available electronically on the MRCI-CDS website.

MRCI-CDS Policies can be found visiting our website: <https://www.mrcicds.org/human-resources> and selecting *Employee Packet Orientation*. By signing this agreement, the employee is acknowledging that they have read and understand the following:

- |  |  |
|--|--|
| <input type="checkbox"/> MRCI Mission                                  | <input type="checkbox"/> Employment Policy                                       |
| <input type="checkbox"/> EEO Statement                                 | <input type="checkbox"/> Harassment in the Workplace                             |
| <input type="checkbox"/> Verbal and Physical Abuse Policy              | <input type="checkbox"/> Relationships   |
| <input type="checkbox"/> Data Privacy                                  | <input type="checkbox"/> Vulnerable Adults Act                                   |
| <input type="checkbox"/> Child Protection/ Minor’s Act                 | <input type="checkbox"/> MRCI False Claims Policy                                |
| <input type="checkbox"/> Right to Know                                 | <input type="checkbox"/> HIPPA   |
| <input type="checkbox"/> First Aid                                     | <input type="checkbox"/> Statement of Policies and Human Rights for Participants |
| <input type="checkbox"/> Blood borne Pathogens / Communicable Diseases |  |

For questions on any of the training materials, you may contact the Chief of Client Directed Services at 1-800-829-7110.

14. Reporting Accidents. The Employee must immediately report to MRCI-CDS, all incidents and accidents involving the Employee during scheduled work hours. It is also important for the Responsible Party to be immediately informed of any significant incidents or accidents. These reports are important because of potential workers' compensation issues.
15. Medical Administration Procedures. If the Participant requires assistance with medication administration, instruction and training must come from the Responsible Party. Also, the Employee, the Participant and the Responsible Party must be aware that ***the assistance with medication that the Employee can provide is very limited***. Please contact MRCI-CDS for the program rules.
16. Support. The Employee has been recruited, selected and will be oriented and trained by the Responsible Party. MRCI-CDS supplies the Responsible Party with numerous training materials, which ensure compliance with applicable laws and regulations. The Responsible Party acts in conjunction with MRCI-CDS staff to supervise and support the employee. Both the Employee and the Responsible Party have access to MRCI-CDS staff for information and clarification. Staff can be reached at 1-800-829-7110.
17. Documentation. The Employee will document all Time and Activity Documentation electronically with accurate information. Any documentation with false information will result in disciplinary action that may include termination. It is a federal crime to provide false information on Personal Care Assistant billings for Medical Assistance payment. Your signature verifies the time and services provided are accurate and that the services were performed as specified in the PCA Care Plan.
18. Drug/ Alcohol Policy. Employees cannot possess, consume, or be under the influence of alcohol or illegal drugs, controlled substances or unauthorized drugs when reporting to work or while working. This includes unauthorized use of legal drugs or prescriptions. Smoking is not permitted while working with the participant. The use of intoxicants, legal and illegal drugs, in any manner which impairs an employee's ability to perform their job safely and efficiently is unacceptable and will subject the employee to disciplinary action, including termination. The employee should discuss with a physician or pharmacist the nature of the employee's duties and the potential adverse effects of prescribed medications. The employee can never be on-duty while under the influence. The employee should be able to safely perform their job at all times.
19. Mandated Reporter. The Employee is a mandated reporter under the Vulnerable Adults and Maltreatment of Minors Act.
20. Written notice about my employment status and terms of employment including wage, hours and benefits will be given to each worker prior to starting work as required by Minnesota Wage Theft law. If worker does not receive the notice, worker will request an additional copy.

IN WITNESS WHEREOF, the parties have executed this Agreement, the day and year as written below.

**To be completed by employee**

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**To be completed by MRCI CDS Human Resources Staff**

\_\_\_\_\_  
Printed Name of MRCI CDS Staff

\_\_\_\_\_  
MRCI CDS Staff Signature

\_\_\_\_\_  
Date

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

# Individual Personal Care Assistant (PCA) Enrollment Application

Complete all fields to enroll an individual personal care assistant or complete your request using the Minnesota Provider Screening and Enrollment (MPSE) portal. If submitting by fax, complete this form online, print and then fax to Minnesota Health Care Programs (MHCP). An incomplete form will delay processing of this application. Check one of the following:

- New hire (requires new background study and completion of individual PCA training)
- Rehire (requires new background study and completion of individual PCA training)
- Revalidation

## Individual PCA Information

PROVIDER TYPE <b>38 - INDIVIDUAL</b>	SOCIAL SECURITY NUMBER	UMPI (if requesting reinstatement)
LEGAL NAME (FIRST)	FULL MIDDLE NAME	LAST NAME
DATE OF BIRTH	<b>Is the person 18 years old or older?</b> <input type="radio"/> Yes <input type="radio"/> No* *May affiliate with only one agency	PHONE NUMBER

## Individual PCA Address

ADDRESS (RESIDENTIAL ADDRESS ONLY – DO NOT ENTER A P.O. BOX)			
CITY	STATE	ZIP CODE	COUNTY OF RESIDENCE <input type="checkbox"/>

## Individual PCA Training Information

INDIVIDUAL PCA/CFSSPCA TRAINING COMPLETION DATE	INDIVIDUAL PCA/CFSSPCA TRAINING CERTIFICATION NUMBER
---	--

## Individual PCA Background Study Information

BACKGROUND STUDY NUMBER	APPLICATION NUMBER	FACILITY ID
-------------------------	--------------------	-------------



## Individual PCA Provider Statement

I have reviewed and certify the information provided on this form is true and correct to the best of my knowledge. **I will notify the MHCP Provider Eligibility and Compliance of any additions or changes to the information.**

By signing this form, I acknowledge I have read and understand the [Data Privacy Notice \(DHS-6287\) \(PDF\)](#). I also authorize MCHP to use the information you collect about me according to the Privacy Notice.

Check if signing electronically:

I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

NAME OF INDIVIDUAL PCA (print or type)	SIGNATURE OF INDIVIDUAL PCA	DATE SIGNED

## Organization Affiliation Information

You may affiliate or enroll the individual PCA named on this form if the PCA is 18 years old or older with other agencies you directly own without completing another application and agreement. Do you want to affiliate this individual PCA with any other agencies you own?  Yes  No (If yes, enter information.)

1.	ORGANIZATION OR AGENCY NAME	FACILITY NPI OR UMPI
BACKGROUND STUDY NUMBER	APPLICATION NUMBER	FACILITY ID

2.	ORGANIZATION OR AGENCY NAME	FACILITY NPI OR UMPI
BACKGROUND STUDY NUMBER	APPLICATION NUMBER	FACILITY ID

## Organization Information

Check if signing electronically:

I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

ORGANIZATION OR AGENCY NAME Mankato Rehabilitation Center, Inc.		FACILITY NPI OR UMPI A121677500
ORGANIZATION FAX NUMBER 888-800-7336	ORGANIZATION PERSONNEL COMPLETING FORM	ORGANIZATION PERSONNEL SIGNATURE

## Next Steps

Read, sign and date the [Individual Support Worker \(CDCS, CSG, PCA, CFSS\) Provider Agreement \(DHS-4611\) \(PDF\)](#) and fax it with this application to MHCP Provider Eligibility and Compliance at **651-431-7465**.

Or, complete the [organization to direct support worker affiliation request](#) in the MPSE portal and upload [DHS-4611](#) in MPSE.

**MHCP will process only complete requests.**

MINNESOTA HEALTH CARE PROGRAMS (MHCP)

# Individual Support Worker (CDCS, CSG, PCA, CFSS) Provider Agreement

As a participating provider in Minnesota Health Care Programs (MHCP) administered by the Minnesota Department of Human Services (DHS), the provider agrees to:

- A. Submit documentation to your affiliated agency that fully discloses the extent of services provided to individuals under these programs. The documentation must be legible and meet the requirements of Minnesota Statutes, section 256B.0659, subdivision 12 for all individual support workers in Consumer Directed Community Supports (CDCS), Consumer Support Grant (CSG), Personal Care Assistance (PCA), and Community First Services and Supports (CFSS) .
- B. Furnish DHS, the secretary of the U.S. Department of Health and Human Services (DHHS), or the Minnesota Medicaid Fraud Control Unit with such information as it may request regarding payments claimed for services provided under these programs.
- C. Comply with all federal and state statutes and rules relating to the delivery of services to individuals and to the submission of claims for such services.
- D. Accept as payment in full, amounts paid in accordance with schedules established by DHS, except where payment by the member has been authorized by DHS.
- E. Make full disclosure of any conviction(s) of program crimes as required by the Code of Federal Regulations, title 42, section 455.106.
- F. Comply with all federal statutes, implementing regulations and guidance prohibiting discrimination on the basis of race, color, national origin, sex, age, religion and disability in any program or activity receiving federal financial assistance from DHHS; and to comply with the Minnesota Human Rights Act.
- G. Provide services to members of the same scope and quality as would be provided to the general public, within MHCP guidelines.
- H. Comply with the provisions of any fully executed agreement or addendum required by DHS, which is incorporated herein by reference.
- I. Comply with the advance directive requirements as required by the Code of Federal Regulations, title 42, sections 489.100 and 417.436.
- J. Properly handle and safeguard protected information collected, created, used, maintained, or disclosed on behalf of DHS. For purposes of this agreement, "protected information" means data subject to any of the following laws:
  - 1. The Minnesota Government Data Practices Act (MGDPA), Minnesota Statutes, chapter 13, section 13.46 ("welfare data");
  - 2. The Minnesota Health Records Act, sections 144.291 and 144.298;
  - 3. The Health Insurance Portability and Accountability Act ("HIPAA"), including but not limited to the requirements of the Privacy Rule and the Security Regulations, the Code of Federal Regulations, title 45, parts 160 and 164, subparts A and E.
  - 4. Federal law and regulations that govern the use and disclosure of substance abuse treatment records, the United States Code, title 42, section 290dd-2 and the Code of Federal Regulations, title 42, sections 2.1 to 2.67; and

Electronic initials accepted.

DIRECT SUPPORT WORKER INITIALS
--------------------------------

NAME OF SUPPORT WORKER	UMPI
------------------------	------

5. Any other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information.
- K. Comply with the laws described in section J. This includes the provider:
1. Not using or further disclosing protected information created, collected, received, stored, used, maintained or disseminated in the course or performance of this agreement other than as necessary to perform its obligations under this Provider Agreement, or as required by law, either during the period of this agreement or after. See, respectively, the Code of Federal Regulations, title 45, sections 164.502(b) and 164.514(d), and Minnesota Statutes, 13.05 subdivision 3.
  2. Using appropriate administrative, physical, and technical safeguards to prevent use or disclosure of the protected information other than as provided for by this agreement and to ensure the confidentiality, integrity, and availability of any electronic protected health information (PHI) that it creates, receives, maintains, or transmits on behalf of DHS. The provider will not transmit PHI over the Internet or any other unsecure or open communications channel unless such information is encrypted or otherwise safeguarded using procedures no less stringent than those described in the Code of Federal Regulations, title 45, section 164.312. If the provider stores or maintains PHI in encrypted form, the provider shall, at DHS' request, promptly provide DHS with the key or keys to decrypt such information. The provider shall not forward previously encrypted data to any other party, unless otherwise required by this agreement.
  3. Mitigating, to the extent practicable, any harmful effects known to the provider of a use, disclosure, or breach of security with respect to protected information by the provider in violation of this agreement.
- L. Agree that this agreement may be immediately terminated at the discretion of DHS if it determines that the provider has violated a material term of the agreement, including but not limited to, non-compliance by the provider with the HIPAA Privacy Rule and Security Standards. If termination is not feasible, DHS shall report the breach to the Secretary of DHHS.
- Upon termination of this agreement, all of the protected information provided by DHS to the provider, or created or received by the provider on behalf of DHS, that the provider still maintains in any form, including information that is in the hands of subcontractors or agents of the provider, shall be destroyed or returned to DHS, and the provider shall retain no copies of such information. If it is infeasible to return or destroy the information, the provider shall provide DHS notification of the conditions that make return or destruction infeasible, and shall extend the protections of this agreement to such information and limit further use and disclosure of such information to those purposes that make return or destruction infeasible, for as long as the provider maintains the information.
- M. Agree that any ambiguity in this agreement shall be resolved to permit DHS to comply with HIPAA, MDGPA, and other applicable state and federal statutes, rules, and regulations affecting the collection, storage, use and dissemination of private or confidential information and other state and federal laws and regulations.

Upon signature, this Provider Agreement supersedes and replaces all former Provider Agreements the provider has with DHS.

An individual applicant must personally sign the Provider Agreement. Sign and date this form, initial page 1, and return both page 1 and page 2 of this agreement.

Check if signing electronically:

- I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

NAME OF SUPPORT WORKER (TYPE OR PRINT)	TITLE
SIGNATURE OF SUPPORT WORKER	DATE

**Keep a copy of the Provider Agreement for your files and upload the original form using the online [Minnesota Provider Screening and Enrollment \(MPSE\) portal](#), or fax to 651-431-7465.**

# Personal Care Assistance (PCA) Training

**As a PCA, this information about training APPLIES DIRECTLY TO YOU.**

Minnesota Health Care Programs (MHCP) requires that all individual PCAs successfully complete a mandated, standardized training in order to enroll with MHCP. Potential PCAs may take the training and test as often as needed. MRCI is unable to pay you until you have successfully obtained your certificate, passed your background study and completed all required employment forms.

Cost: This online training is **free**.

## Learning Objectives:

- Overview of the Personal Care Assistance (PCA) Program
- Emergencies
- Infection control and standard precautions
- Body mechanics
- Understanding behaviors
- Professional boundaries, child and vulnerable adult maltreatment
- Timecards and documentation
- Fraud
- Stress, personal self-care and support for the PCA role

## Persons taking the online training must have:

- Access to a computer
- A valid e-mail address

## Registration:

- Website: <https://registrationtraining.dhs.state.mn.us/?BusinessUnitID=16>
- Review the Individualized Personal PCA Training course modules (as often as needed)
- Register for and take the Personal Care Assistance and Community First Services and Supports online test (as often as needed)
- Use the confirmation number only for canceling the registration

## Successful Completion:

After the individual PCA passes this one-time test, they will be able to print their certificate. DHS will also send a copy to the email address used to register for the test.

**The individual PCA is responsible to give a copy of the completion certificate to the employer agency/agencies.**

**\*\*MRCI is NOT able to access your certification, or see if you have completed the course\*\***

## Submitting Your Certificate:

Email: [cdshr@MyMRCI.org](mailto:cdshr@MyMRCI.org)

Fax: (888) 800-7336

Mail: MRCI-CDS

Attn: Human Resources

1750 Energy Drive, PO Box 328, Mankato, MN 56002

Office Hours:

Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328

Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)

Please log onto the training website: <https://registrationtraining.dhs.state.mn.us/?BusinessUnitID=16>

\*After entering the website, you will come to this screen, select **PCA/CFSS support workers**

**mi** DEPARTMENT OF HUMAN SERVICES

**mi** MINNESOTA

## Personal Care Assistance (PCA) and Community First Services and Supports (CFSS) Training and Tests

**Welcome**

Welcome to the Minnesota Department of Human Services (DHS) training for the Personal Care Assistance (PCA) and Community First Services and Supports (CFSS) programs. DHS requires many of the people involved in PCA and CFSS to pass this free test. Select the test from the menu below for instructions on completing that test.

Before taking the exam, we recommend taking the [free PCA/CFSS training](#) to help prepare you to pass.

If you have further questions, please [click here for more information](#).

**Take the test you need**

There are three different tests for the three roles listed below, so please register for the test that fits your role. Select the correct test from the dropdown menu below. After you register, you will receive an email with the link to the training and the exam.

**PCA/CFSS support workers: Individuals who help people with daily tasks in either PCA or CFSS.**

PCA Qualified Professional: Individuals hired by a PCA agency to serve as a QP during the transition year. DHS is also currently using this as the pre-training to register for the PCA steps for success training.

CFSS transition test for PCA agencies: Current PCA agency owners, managers and Qualified Professionals(QPs) who will continue in those roles in CFSS

\*Then click the Next Register button.

**mi** DEPARTMENT OF HUMAN SERVICES

**mi** MINNESOTA

## Personal Care Assistance (PCA) and Community First Services and Supports (CFSS) Training and Tests

Complete the form below and click Submit.

Event: PCA/CFSS support workers: Individuals who help people with daily tasks in either PCA or CFSS

First Name: \*

Last Name: \*

Phone: \*

Email: \*

Confirm Email: \*

By submitting this registration, I understand the following:

- This system is the property of the State of Minnesota.
- The information provided on this registration is accurate, complete and truthful.
- By continuing to use this system, I am representing myself as an authorized user.
- Any misrepresentation in the information submitted on this registration may be cause for denial or termination as an enrolled Medical Assistance (MA) provider.
- Any activity on this system may be monitored or accessed by the State of Minnesota or other authorized officials at any time. This includes any data created or stored using this system. All such data is subject to the Minnesota Data Practices Act.

\*Fill in all your information into the (\*) marked boxes. Make sure it's correct and use legal names, no nicknames. This information is important for the test!

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)

\*You will receive an email asking you to choose your preferred language. Once you select one it will take you to the test.

Thank you for registering to take the certification test for PCA and CFSS workers. Confirm this is the test you need to take by asking your employer or reading the descriptions of the tests associated with this program.

Confirmation number: PCA/864344

Attendee: Shannon Heitner

To take the certification test click on your preferred language:

[English](#)

[Among](#)

[Somali](#)



### PCA/CFSS support worker (English)

Welcome to the certification test for PCA and CFSS workers. If you are not a PCA or CFSS worker, either:

1. Ask your employer if this is the right test for you.
2. Read through the [descriptions of each test](#) to find out which one you should take.

Taking the test

Prepare for this test by completing the [PCA and CFSS worker training](#)

The test has 25 questions. You must correctly answer 20 questions to pass.

When you are ready to begin, click Continue.

[Continue](#)

\*Remember, you can select the Continue button to move onto the test or select [PCA and CFSS worker training](#) to go over the information prior to going through the test.

\*If you get more than five questions wrong you will need to retake the test in order to pass with 80%. There are 25 total questions. Once passed you can print your certificate from the screen or you will receive a email with your certificate and you can print it from there.

\*You may attempt the test as many times as needed in order to pass.

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)

## PCA/CFSS support worker (English)

You answered 21 out of 25 questions correctly for a score of 84%. Congratulations, that is a passing score! Here is your [Certificate of Training](#). You may print this out for your records. This information has also been emailed to you at [smarg@mrciworksource.org](mailto:smarg@mrciworksource.org).

Congratulations, you have passed the test for PCA and CFSS workers!

[View Your Certificate](#)

Your certificate number is: CFSSPCA86437920200827

**Save this email**

- Save this email for future employers and your reference
- Your certificate will not expire
- You may use the certificate as many times as needed for employment as a PCA or CFSS worker
- This certificate is only valid in the state of Minnesota

**Next steps for the newly certified Personal Care Assistant (PCA) worker**

- If an agency or a person already hired you, give a copy of this certificate to them.
- If you want to find a job with an agency or person
  - You can visit [Direct Support Connect](#) to find a person who needs care based on your schedule, skills and preferences.
  - You can find a provider agency in the [Minnesota HealthCare Provider Directory](#) to work for. Select 'Personal Care Services' from the drop-down menu. Contact the agency you are interested in and apply for a job at that agency.
- Once you have connected with an employer, they will help you with the next steps, which includes passing a background study.

If the person you want to support needs more information on accessing PCA services, that person can visit [The Department of Human Services page on PCA](#).

**Community First Services and Supports (CFSS)**

Anyone who passes the combined PCA and CFSS worker test will be eligible to work as a CFSS worker when CFSS begins. DHS will issue more information on this process later.

**Feedback**

DHS values stakeholder feedback and encourages you to take a [short survey about the worker training](#).

**Questions?**

- If you already are employed as a PCA, you should direct all questions to your PCA provider agency. If the agency is unable to answer the question, then the PCA provider agency may call the [Provider Call Center](#).
- If you are not yet employed as a PCA you may contact the [DSD response center](#) via email.
- For more information on CFSS, visit [DHS's public CFSS webpage](#).

### Troubleshooting:

**Issue #1:** Cannot access course

**Possible Problem:** Pop-up blockers are often the reason course information is unavailable.

**Resolution:** Turn off pop-up blockers for all browsers and toolbars that you have installed.

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)

**Issue #2: Stop the sound - mute audio**

All modules automatically contain narration that may be annoying to some people.

**Resolution:** You have two options to stop the narration:

- Turn the narration off: click the speaker in the upper left corner of the page
- Mute the specific computer

**Still having problems?**

If you still have problems with the course, e-mail questions to [dhs.dsd.learn@state.mn.us](mailto:dhs.dsd.learn@state.mn.us) or call (651) 431-2400. You may also contact a MRCI PCA Program Staff at (800) 829-7110.

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)





WAGE PAYMENT ELECTION AND CONSENT FORM

New Authorization

Change of Authorization

EMPLOYEE INFORMATION (print and complete all fields)

Table with fields: First Name, Middle Initial, Last Name, Last 4 of SSN, Phone, Email

CONSENT TO DEPOSIT WAGES

I authorize my employer (or its payroll service provider) to initiate credit entries each pay date to deposit my pay (either net or a portion thereof) into the checking, savings or Wisely Card account selected in this election and consent (the "Account").

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

WAGE PAYMENT ELECTION

OPTION 1:

Direct Deposit (indicate amount of deposit to each account type and provide bank information and a voided check or bank letter)

\*\*\*Please note: THE WORKER MUST PROVIDE A BANK LETTER OR VOIDED CHECK TO VERIFY THE ROUTING NUMBER AND ACCOUNT NUMBER. A DEPOSIT SLIP WILL NOT BE ACCEPTED.

Direct Deposit #1 \$ \_\_\_\_\_ Direct Deposit #2 \$ \_\_\_\_\_

Checking  Savings  Checking  Savings

Bank \_\_\_\_\_ Bank \_\_\_\_\_
Routing # \_\_\_\_\_ Routing # \_\_\_\_\_

Account # \_\_\_\_\_ Account # \_\_\_\_\_

## INCLUDE VOIDED CHECK or BANK INFORMATION HERE

The image shows two forms side-by-side. On the left is a sample voided check with fields for 'NAME', 'ADDRESS', 'CITY, STATE, ZIP', 'DATE', 'PAY TO THE ORDER OF', '\$', 'BANK NAME', 'ADDRESS', 'CITY, STATE, ZIP', 'FOR', and MICR lines. On the right is a form titled 'Existing Bank Account Information' with radio buttons for 'Checking' and 'Savings', and fields for 'Bank Routing Number', 'Bank Name', and 'Bank Account Number'. A large 'Sample' watermark is overlaid on the check.

### OPTION 2:

**Wisely Card** (indicate amount of deposit)

*You must check one box:*

**Full Deposit:** I want to receive 100% of my full net pay on my Wisely Card every payday

**Partial Deposit:** I want to receive \$\_\_\_\_\_ of my full net pay on my Wisely Card every payday

I confirm my authorization to be paid through the Wisely Card is fully voluntary. I acknowledge I have received and read the Wisely Card Fee Schedule, Cardholder Agreement, and Privacy Notice. I understand that in order to use the Wisely Card, I will need to accept and agree to the Cardholder Agreement and to pay the fees as indicated on the Fee Schedule by activating my Wisely Card. By electing Wisely Card as my wage payment choice, I am consenting to provide my personal information to ADP to enroll in and request an Wisely Card. IMPORTANT INFORMATION ABOUT APPLYING FOR A NEW PREPAID CARD ACCOUNT - To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open a Prepaid Card account, ADP may require your name, address, date of birth, Social Security number, tax identification number and other information that will allow ADP to identify you. ADP may also ask to see your driver's license or other identifying documents. You will not be subject to a credit check.

### OPTION 3:

**Wisely Check** – I understand that although I will be enrolled in the Wisely Pay Program, I am not required to activate or use an Wisely Card to use the Wisely Check to receive my full net pay. I am willing to complete the Wisely Check on my own each pay period. I understand that each payday I will need to make the check payable to myself for my full net pay, date the check, call to authenticate the check and write the authentication code on the check prior to being able to cash the Wisely Check. (Please refer to the Wisely Check for more information on completing the Wisely Check.)

### Return this completed form to:

Email: [cdshr@mymrci.org](mailto:cdshr@mymrci.org)

Fax: 888-696-8552

Mail: MRCI CDS- HR

1750 Energy Drive, PO Box 328

Mankato, MN 56002

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)



## Retirement Plan Option

MRCI employees are eligible to participate in the 403(b) Retirement Plan upon hire. You may begin contributing an elective deferral by redirecting a portion of your pay, into the 403(b) plan through pre-tax payroll deduction or ROTH post-tax deduction.

**YOU MUST** select one of the options below and return it to the Human Resources Department. You may scan or email your response to Human Resources. If you have any questions, please contact HR directly.

**Phone:** 507-386-5718

**Email:** [kjohnson@mymrci.org](mailto:kjohnson@mymrci.org)

**Fax:** 507-540-1230

**Mail:** 1750 Energy Drive  
Mankato, MN 56001

### OPTION 1:

**If you are interested in information about the 403(b) Plan**, please complete the section below. This benefit begins as soon as the completed enrollment packet is received.

**Yes, I would like information about the 403(b) Plan.**

### OPTION 2:

**If you are declining the 403(b) Plan**, please complete the section below.

**No, I would not like to enroll in the 403(b) Plan at this time.** I was given the opportunity to sign up for the 403(b) Retirement Plan and have chosen to waive the benefit at this time. I understand that I am eligible to sign up for this plan at any time during employment.

---

Employee Signature

---

Date

---

Printed Name

# 403(b) Retirement Plan Highlights

---

## What is a 403(b) Retirement Plan?

A **403(b)** plan is a U.S. tax-advantaged retirement savings plan available for public education organizations, some non-profit employers, cooperative hospital service organizations, and self-employed ministers in the United States.

The 403(b) Retirement Plan is a self-directed investment option through American Funds. A retirement plan offers a great way to save for your future.

- The 403(b) Retirement Plan is *employee-only* contribution. There is no employer match.
- If you have existing retirement savings, you may be able to consolidate that into MRCI's retirement plan. Consolidating can make it easier to manage all your retirement assets in one place and monitor your progress toward your overall retirement goals.
- If you enroll in the plan it is highly encouraged that you create an online account through American Funds. Visit [www.myretirement.americanfunds.com](http://www.myretirement.americanfunds.com) to do so.

## Contacts

---

### For Enrollment Questions:

Karen Johnson – Chief Human Resources Officer

Phone: 507-386-5718

Email: [kjohnson@mymrci.org](mailto:kjohnson@mymrci.org)

Fax: 507-540-1230

### For FREE Investment Advice:

First Advisors

<https://first-advisors.com/>

612-349-5210

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive, PO BOX 328  
Mankato, MN 56001

[www.MRCICDS.org](http://www.MRCICDS.org)



## Self-Identification Form

---

MRCI is an Equal Opportunity/Affirmative Action Employer and needs your cooperation in the completion of this form. Collection of this data enables MRCI to report accurate information to both the state and federal government. The information is used for compliance and record-keeping purposes in accordance with state and federal laws. We encourage you to respond to this voluntary questionnaire so we may analyze our effectiveness in recruiting and selecting qualified employees without regard to race, color, creed, sex, sexual orientation, age, national origin, disability or status with regard to public assistance. This information will not be made available to any person involved in decisions affecting an individual's appointment or promotion to a position.

1. Position for which you were hired: \_\_\_\_\_

### 2. Race and Ethnic Identification

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino) – 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.
- American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

### 3. Gender

- Male
- Female

*Please return this form with your employment packet. Thank You.*  
**MRCI is An Equal Opportunity/Affirmative Action Employer**

Office Hours:  
Monday – Friday 8a-4:30p

1750 Energy Drive, PO Box 328  
Mankato, MN 56002

[www.MRCICDS.org](http://www.MRCICDS.org)

## Live-In Caregiver Acknowledgement

The Live-In Caregiver Acknowledgement is a requirement of the Department of Human Services for workers to acknowledge they live with the participant for Electronic Visit Verification (EVV) purposes only. Live-in caregivers **must** enter all entries and shifts into the EVV system on daily basis but are exempt from having to clock in and out of each shift.

**\*\* Please note: if you are not a live in caregiver, please do not complete this form\*\***

Worker Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Relationship to the Participant:

- Parent or Stepparent
- Spouse
- Son or Daughter
- Sibling
- Aunt or Uncle
- Cousin
- No Relationship

### **Address Changes:**

It is the responsibility of the worker to notify MRCI of all address changes which result in a change in live in caregiver exemption.

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

I am signing this form electronically. My name as typed in the signature field is my legally binding signature. I understand that my electronic signature has the same legal effect and can be enforced in the same way as a handwritten signature. (Minnesota Statutes 325L.02(h), 325L.05 and 325L.08)

# MRCI Payroll Calendar 2025

- Due Dates for Payroll Information
- Pay Day
- C - MRCI Closed
- \* - CDCS, CSG, CFSS and PCA Choice workers will be paid holiday pay for hours worked on the holiday per union contract.

[www.seiuhealthcaremn.org](http://www.seiuhealthcaremn.org)

Work week is Sunday through Saturday: More than 40 hours per work week = Overtime.

Jan-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
			1*	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20*	21	22	23	24	25
26	27	28	29	30	31	

Apr-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Feb-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

May-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26*	27	28	29	30	31

Mar-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Jun-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19*	20	21
22	23	24	25	26	27	28
29	30					

Pay Period	Due Date	Pay Day
12/15-12/28/24	12/30/24	1/10/25
12/29-1/11/25	1/13/25	1/24/25
1/12-1/25/25	1/27/25	2/7/25
1/26-2/8/25	2/10/25	2/21/25
2/9-2/22/25	2/24/25	3/7/25
2/23-3/8/25	3/10/25	3/21/25
3/9-3/22/25	3/24/25	4/4/25

Pay Period	Due Date	Pay Day
3/23-4/5/25	4/7/25	4/18/25
4/6-4/19/25	4/21/25	5/2/25
4/20-5/3/25	5/5/25	5/16/25
5/4-5/17/25	5/16/25	5/30/25
5/18-5/31/25	6/2/25	6/13/25
6/1-6/14/25	6/16/25	6/27/25
6/15-6/28/25	6/30/25	7/11/25



# MRCI Payroll Calendar 2025

- Due Dates for Payroll Information
- Pay Day
- C - MRCI Closed
- \* - CDCS, CSG, CFSS and PCA Choice workers will be paid holiday pay for hours worked on the holiday per union contract.

[www.seiuhealthcaremn.org](http://www.seiuhealthcaremn.org)

Work week is Sunday through Saturday: More than 40 hours per work week = Overtime.

Jul-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
		1	2	3	4*	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Oct-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Aug-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Nov-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11*	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27*	28	29
30						

*\*Please Note: MRCI Offices are Closed 11/28/2025*

Sep-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1*	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

Dec-25						
Sun	Mon	Tue	Wed	Thur	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Pay Period	Due Date	Pay Day
6/29-7/12/25	7/14/25	7/25/25
7/13-7/26/25	7/28/25	8/8/25
7/27-8/9/25	8/11/25	8/22/25
8/10-8/23/25	8/25/25	9/5/25
8/24-9/6/25	9/8/25	9/19/25
9/7-9/20/25	9/22/25	10/3/25
9/21-10/4/25	10/6/25	10/17/25

Pay Period	Due Date	Pay Day
10/5-10/18/25	10/20/25	10/31/25
10/19-11/1/25	11/3/25	11/14/25
11/2-11/15/25	11/17/25	11/28/25
11/16-11/29/25	12/1/25	12/12/25
11/30-12/13/25	12/15/25	12/26/25
12/14-12/27/25	12/29/25	1/9/26
12/28-1/10/26	1/12/26	1/23/26





Dear Applicant,

Congratulations! You have now completed the employee packet! Please refer to the checklist on the front of this packet to ensure you have completed all documents. Call MRCI CDS Human Resources with any questions on the employee packet. Remember to send all documents to:

**Email:** [cdshr@mymrci.org](mailto:cdshr@mymrci.org)

**Fax:** 888-696-8552

**Mail:** MRCI CDS- HR  
1750 Energy Drive, PO Box 328  
Mankato, MN 56002

Employee packets are processed within 24 business hours.

**Please monitor your email** for information on the next steps in the hiring process. The Human Resources Department will be reaching out to you and the Managing Party. Further details will be provided through email if the employee is required to be fingerprinted for the background check.

The following documents are announcements and policies that you should review prior to starting your employment. Remember, training and future announcements are always found on the MRCI- CDS website at <http://mrcicds.org/>

If you have any questions, please contact the Human Resources Department. We are looking forward to starting your employment!

Sincerely,

MRCI Human Resources



## Paid Time Off Notice Updated July 1, 2023

Effective July 1, 2015 the Collective Bargaining Agreement (CBA) between SEIU Healthcare Minnesota and the State of Minnesota went into effect for home care workers, known as Individual Providers, that work for clients in PCA Choice, Consumer Directed Community Support (CDCS), Community First Services and Supports (CFSS) and Consumer Support Grant (CSG). The contract was updated for the period of 2023-2025. The contract details are listed below.

Beginning October 1, 2021 all active PCA Choice, CDCS and CSG workers began earning one hour of PTO for every 30 hours worked. Additionally, workers will receive pay for work on a holiday.

A worker shall be at 1.5 times his or her normal rate of pay for all hours worked on the following holidays on these dates only:

- New Year's Day, January 1, 2025
- Martin Luther King Day, January 20, 2025
- Memorial Day, May 26, 2025
- Labor Day, September 1, 2025
- Thanksgiving Day, November 27, 2025
- Forth of July, July 4<sup>th</sup>, 2025
- Veterans day, November 11, 2025
- Juneteenth, June 19, 2025

MRCI is required to track your number of hours worked and report this information to SEIU Healthcare after each pay period. Workers **can carry over up to 80 hours of PTO from one State fiscal year to the next**. The State's fiscal year is July 1 to June 30. Any hours earned over 80 hours not used at the end of the State fiscal year will be lost.

### Procedure:

You are required to get permission from the client or representative to use PTO. You must complete the MRCI PTO request form available on our website: [www.MRCICDS.org](http://www.MRCICDS.org), have the form signed by the client or representative, and turn it in with your timecard for the pay period in which you are using PTO.

### Frequently Asked Questions:

- Q.** Will PTO hours count toward overtime?  
**A.** No, overtime is only calculated on actual hours worked.
- Q.** I am a paid parent of a minor (or spouse) and I am limited to 40 hours a week. If I take PTO do I have to reduce my hours that week?  
**A.** No, PTO does not count toward the maximum of 40 hours in a work week for paid parents of minors or spouses.
- Q.** Can I use PTO hours when the client is hospitalized?  
**A.** Yes, you will need to fill out the PTO Request Form and check the box that says "I am requesting use of \_\_\_\_\_ hours of PTO while the participant is in the hospital."
- Q.** If I provide services to more than one client, who approves PTO requests?  
**A.** You should obtain permission from each client/representative for whom you are scheduled to work during the period in which you want to take time off.
- Q.** Who do I contact if I have questions about the Union?  
**A.** You can contact the Member Action Center at 1-800-828-0206 or email them at [MAC@seiuhealthcaremn.org](mailto:MAC@seiuhealthcaremn.org).



## Travel Time Notice 2025

**Travel Time:** This is time that must be paid to a worker when this person works at multiple work sites (e.g. client homes) in a single work day, for the same employer.

- Travel between jobs for different employers is NOT paid.
- Travel from home to work or from work to home is NOT paid.
- Travel time can be paid ONLY when traveling between work sites on the same day:

**Example:** Driving 30 minutes between the private homes of two clients for the same employer (MRCI).

The employee worked 8am-11am for Client A, drove 30 minutes to the home of Client B, then worked 12pm-3pm. Hours worked: 3 with Client A; 3 with Client B; and .5 hours of travel time. *Special travel time timesheet must be used: see link below.*

**PLEASE NOTE** that the sum of all of your direct service hours plus travel time should not exceed 40 hours in a calendar week.

Please contact MRCI if you travel between client homes during your work week or have questions around travel time. There is a travel time timesheet available on our website under program forms (see [www.MRCICDS.org](http://www.MRCICDS.org)).

MRCI will pay travel time hours at minimum wage and funds will not come from client's budget.



## Health Insurance Notice

**MRCI will offer a Minimum Essential Coverage (MEC) plan to eligible Full Time Employees and their dependent children.**

### **What is a MEC plan?**

A MEC plan only includes coverage for preventive care services like immunizations and routine health screenings. A MEC plan **does not** cover prescriptions, injuries, illness, non-routine office visits, etc.

### **When can I enroll?**

There are three times when you can enroll in the MEC plan:

1. Upon ACA Status determination based on your hours worked in a measurement period that determines you are a FT employee.
2. During open enrollment – a time when anyone can enroll.
3. When you have a life qualifying event – this includes things like the loss of coverage, divorce, marriage, birth of a child, death of a spouse.

You have 60 days after a life qualifying event to change your coverage.

**Will MRCI WorkSource help pay for my insurance?**

MRCI does not contribute towards the cost of your MEC plan. You must pay 100% of the total cost of the MEC plan. The amount per month is listed below and will be deducted from your paycheck.

Employee Only: \$155.18

Employee + Child(ren): \$202.97

**Can I cover my spouse?**

Spouse coverage is not available. Only the employee and children are eligible.

**Questions? Please contact:**

**Shannon Heitner at [sheitner@mymrci.org](mailto:sheitner@mymrci.org)**

# ADP Employee Registration Quick Reference Card



Welcome! Register for an account with ADP to view your pay statements and W-2s from MRCI. Even though you may have an ADP account with another employer, you still need to complete the process below to see your MRCI information in ADP.

Registering with your email/mobile or identity information	(OR) Registering with a registration code from your organization
<ol style="list-style-type: none"><li>1. Go to <a href="https://my.adp.com/static/redbox/">https://my.adp.com/static/redbox/</a>, click the link to <b>Get Started</b>.</li><li>2. Select <b>Find Me</b>.</li><li>3. Enter an <b>email address or mobile number</b> that you shared with your organization.<ol style="list-style-type: none"><li>a. To verify your record within your organization, enter your identity information either <b>government-issued legal ID (SSN, EIN OR ITIN - US ONLY)</b> or your <b>Employee ID/Associate ID., Date of birth</b>. Options available to you may vary slightly.</li></ol></li></ol> <p>(OR)</p> <p>Enter your personal identity information that you shared with your organization.</p> <ol style="list-style-type: none"><li>a. Enter your <b>First name, Last name, and Date of birth</b>, and then either your <b>legal ID</b> or your <b>Employee ID/Associate ID</b>.</li></ol> <ol style="list-style-type: none"><li>4. Enter the verification code sent to your email address or mobile number available on record. You can also enter new phone number for identity verification.</li><li>5. Add your primary contact information—a frequently used email address and mobile number to receive account notifications and used to verify and confirm your identity, when needed.</li></ol>	<ol style="list-style-type: none"><li>1. Set up your user ID and strong password to complete the registration process for your ADP service account.</li><li>2. Go to <a href="https://my.adp.com/static/redbox/">https://my.adp.com/static/redbox/</a>, click the link to <b>Get Started</b>.</li><li>3. Select <b>I Have a Registration Code</b>.</li><li>4. Enter the Personal Registration code you received in an email from ADP.</li><li>5. Enter your identity information, such as <b>First name, Last name, Date of birth, government-issued legal ID (SSN, EIN OR ITIN - US ONLY)</b>, or your <b>Employee ID/Associate ID</b>. Options available to you may vary slightly.</li><li>6. Based on your information requested during this process:<ol style="list-style-type: none"><li>a. Enter the verification code sent to your email address or mobile number available on record.</li><li>b. You can also enter new phone number for identity verification.</li><li>c. You may be required to answer questions from public records.</li></ol></li><li>7. Add your primary contact information—a frequently used email address and mobile number to receive account notifications and used to verify and confirm your identity, when needed.</li></ol>

Congratulations! Use your user ID and password to log in to your account and access your information on ADP service URL and ADP Mobile app, if applicable.

To stay connected with your information, download the ADP Mobile App and access your information on the go!



If you forget your login information, use the **Forgot User ID/Forgot Password** link on your ADP service web site to complete a quick verification and recover your information.

## ACCEPTABLE FORMS OF IDENTIFICATION for Initiating DHS Background Studies

Entities that initiate background studies are required by law to verify the background study subject's identity and document completion in NETStudy 2.0. This is a summary of acceptable forms of identification to be used for DHS background studies. The acceptable form of identification must include the full first and last name and complete date of birth. The identification documents in this list are for the submission of the background study only. Refer to the document *Acceptable Forms of Identification for DHS Background Study Fingerprinting* for identification that may be presented at an authorized live scan location.

### Primary Identification Document

When a background study subject has a valid\* picture identification listed below use this document for identity verification:

- State Issued Driver's License – the issuing authority must be a U.S. state or territory;
- State-Issued Identification Card – the issuing authority must be a U.S. state or territory;
- U.S. Passport or U.S. Passport Card.

**\*Valid documentation:** Only unexpired, original documentation is acceptable, except when a background study subject presents an original receipt for a primary or secondary identification document issued by the authority responsible for the document (e.g., a receipt from the Minnesota Driver and Vehicle Services for a new drivers' license). There are three types of acceptable receipts: A receipt showing that the subject has applied to replace the primary or secondary identification document;

1. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and photograph of the individual;
2. The departure portion of Form I-94/I-94A with a refugee admission stamp.

### Secondary Identification Document

If a background study subject **does not have a valid picture identification** listed above, the following valid\* documentation of a secondary identification may be used for identity verification:

- School ID card that includes a photograph.
- Voter's registration card.
- U.S. military card or draft record.
- Military dependent's ID card.
- U.S. Coast Guard Merchant Mariners Document (MMD) Card.
- Native American tribal document.
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551).
- A certified marriage certificate, certified divorce decree, or other certified court order that specifies the legal name change.
- Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa (MRIV).
- Foreign passport with special documents issued by the Commonwealth of Northern Mariana Islands (CNMI).
- Employment Authorization Document (Card) that contains a photograph (Form I-766).

- Driver's license issued by a Canadian government authority or a consular identification card issued by the Government of Mexico or other proof of identification issued by another government that is substantially similar and that DHS determines is acceptable proof.
- Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I94A showing nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI.
- 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.
- Foreign passport with Form I-94 or Form I-94A, Arrival/Departure Report bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status that authorizes such alien to work for a specific employer incident to this status. This document may only be used if the period of endorsement has not yet expired.

## Exceptions – People Under Age 18

People under 18 who are unable to present a picture identification document listed in the Primary Identification Document section may present the following acceptable secondary identification documents:

- School record or report card;
- Clinic, doctor, or hospital record;
- Day-care or nursery school record.

**\*Valid documentation:** Only unexpired, original documentation is acceptable, except when a background study subject presents an acceptable receipt for a primary or secondary identification document. There are three types of acceptable receipts:

1. A receipt showing that the subject has applied to replace the primary or secondary identification document;
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and photograph of the individual;
3. The departure portion of Form I-94/I-94A with a refugee admission stamp.

## Legal References

- Information required to be provided by background study subjects; *See Minnesota Statutes, section 245C.05, subd. 1.*
- Information required to be verified by the entity initiating the background study; *See Minnesota Statutes, section 245C.05, subd. 2 (a).*



## **ACCEPTABLE FORMS OF IDENTIFICATION for DHS Background Study Fingerprinting**

Background study subjects must bring an acceptable form of identification with them to the fingerprint and photo service location. All state-issued drivers' licenses and identity cards are accepted, and all passports are accepted. IDEMIA's pre-enrollment process provides a list of acceptable forms of identification. The list applies to study subjects regardless of age. Study subjects select which one they will bring to the fingerprint and photo service location during the pre-enrollment process.

At the fingerprint location, the study subject may provide a different form of identification if it is on the list of acceptable forms of identification and the study subject's name and date of birth on the identification are the match their information in NETStudy 2.0

- State issued drivers' license or identity card
- Passport
- Drivers' license permit issued by a state or outlying possession of the U.S.
- Drivers' license permit issued by a state or outlying possession of the U.S.
- Drivers' license paper/temporary issued by a state or outlying possession of the U.S.
- Enhanced Drivers' License (EDL)
- Commercial Drivers' License permit issued by a state or outlying possession of the U.S.
- Commercial Drivers' License permit issued by a state or outlying possession of the U.S.
- ID card issued by a federal, state, or local government agency or by a territory of the U.S.
- Enhanced Tribal Identification Card (for federally recognized U.S. Tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. military identification card
- U.S. Coast Guard Merchant Mariner Card
- Military dependent's identification card
- U.S. passport
- Foreign passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian driver's license
- Mexican driver's license
- U.S. visa issued by the U.S. State Department Bureau of Consular Affairs for travel to or within, or residence within, the United States.

If a study subject does not have one of the acceptable forms of identification, the entity submitting the NETStudy 2.0 application may contact the DHS Background Studies Division by email at [dhs.netstudy2@state.mn.us](mailto:dhs.netstudy2@state.mn.us) to request an exception. The email must include the study subject's background study number, the type of identification the entity used to verify the study subject's background study information, the type of identification the study subject is requesting to use, and the entity's provider number.

## **BACKGROUND STUDY NOTICE OF PRIVACY PRACTICES**

Because the Department of Human Services (DHS) is asking you to provide private information, you have privacy rights under the Minnesota Government Data Practices Act. This law protects your privacy, but also allows DHS to give information about you to others when the law requires it. This notice describes how your private information may be used and disclosed, and how you may access your information.

### **Why is DHS asking me for my private information?**

A background study from the Department of Human Services (DHS) is required for your job or position. The private information is needed to conduct the background study.

### **How will I be notified that a background study was submitted on me?**

DHS will mail you a notice within three working days after a request for a background study is submitted on you. The notice will contain the background study result or let you know that more time is needed to complete the background study. The notice will also identify the entity that submitted the background study request.

### **What information must I provide to complete the background study?**

You are required to provide enough information to ensure an accurate and complete background study. This includes your:

- first, middle, and last name and all names you have ever been known by or used;
- current home address, city, zip code, and state of residence;
- previous home addresses, city, county, and states of residence for the last five years;
- sex and date of birth;
- driver's license or other identification number; and,
- fingerprints and a photograph, as required by law.

### **How will the information that I give be used?**

The information will be used to perform a background study that will include a check to determine whether you have any criminal records and/or have been found responsible for substantiated maltreatment of a vulnerable adult or child. When required, there will be a search of professional boards. Background study data is classified as "private data" and cannot be shared without your consent except as explained in this notice. Your information will also be used by DHS to collect on-going criminal and maltreatment data if it becomes available.

### **What may happen if I provide the information?**

You could be disqualified from positions that require a DHS background study if you are found to have committed certain crimes, been determined responsible for maltreatment of a vulnerable adult or child, or have other records that require a disqualification. If you do not have a disqualifying record, you will be cleared for your job or position.

### **What if I refuse to provide the information?**

You will be disqualified if you refuse to provide information to complete an accurate background study. You will not be able to work in a position that requires a DHS background study.

### **Who will DHS give my information to?**

DHS will only share information about you as needed and as allowed or required by law. The identifying information you provide will be shared with the Minnesota Bureau of Criminal Apprehension (BCA) and in some cases the Federal Bureau of Investigation (FBI). If there is reasonable cause to believe that other agencies may have information related to a disqualification, your identifying information may also be shared with:

- county attorneys, sheriffs, and agencies;
- courts and juvenile courts;
- local police;
- the Office of the Attorney General; and,
- agencies with criminal record information systems in other states.

### **What information will DHS share with the entity that requested my background study?**

The entity that requested the background study will be notified of your background study determination.

If you are disqualified, the entity will not be told the reason unless you were disqualified for refusing to cooperate with the background study or for substantiated maltreatment of a minor or vulnerable adult.

### **What other entities might DHS share information with?**

Information about your Background study may be shared with:

- the Minnesota Department of Health;
- the Minnesota Department of Corrections;
- the Office of the Attorney General, and;
- health-related licensing boards.

### **What if my disqualification is set aside?**

If you request reconsideration of your disqualification and your disqualification is set aside, the entity that requested the background study will be informed of the reason(s) for your disqualification unless the law states otherwise. DHS will provide information about the decision to set aside your disqualification if the entity requests it.

Unless prohibited by law, your name and the reason(s) for your disqualification will become public data if your set aside is for:

- a child care center or a family child care provider licensed under chapter 245A; or,
- an offense identified in section 245C.15, subdivision 2.

For future background studies submitted by entities that provide the same type of services as the services you were set aside for, the set aside will apply unless:

- you were disqualified for an offense in section 245C.15, subdivision 1 or 2; or,
- DHS receives additional information indicating that you pose a risk of harm; or,
- your set aside was limited to a specific person receiving services.

In addition, those entities will be informed of the reason(s) for your disqualification unless prohibited by law.

### **Will my fingerprints be kept?**

DHS and the BCA will not keep your fingerprints. If an FBI check is required for your background study, the FBI may keep your fingerprints and may use them for other purposes in accordance with state and federal law.

### **What information can the fingerprint and photo site view and keep?**

The fingerprint and photo site can view identifying information to verify your identity. The fingerprint and photo site will not keep your fingerprints, photo, or most other information. The fingerprint and photo site can keep your name and the date and time your fingerprints were recorded and sent, for auditing and billing purposes.

### **Who can see my photo?**

Your photo will be kept by DHS. If you provide your social security number to allow your background study to be transferable to future entities, your photo will be available to those entities to verify your identity.

### **What are my rights about the information you have about me?**

- You may ask if we have information about you and request in writing to get copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private information about you.
- You may ask (in writing) for a report that lists the entities that submitted a background study request on you.
- You may ask in writing that the information used to complete your background study be destroyed. The information will be destroyed if you have:

- (1) not been affiliated with any entity for the previous two years; and,
- (2) no current disqualifying characteristic(s).

Please send all written requests to:

Minnesota Department of Human Services  
Background Studies Division  
NETStudy 2.0 Coordinator  
PO Box 64242  
St. Paul, MN 55164-0242

### **How long will DHS keep my background study information?**

DHS will destroy:

- your photo when you have not been affiliated with an entity for two years.
- any background data collected on you after two years following your death or 90 years after your date of birth, except when readily available data indicates that you are still living.

### **What is the legal authority for DHS to conduct background studies?**

Background studies are completed by DHS according to the requirements in Minnesota Statutes, chapter 245C or other authorizing state law.

### **What if I think my privacy rights have been violated?**

You may report a complaint if you believe your privacy rights have been violated. If you think that the Minnesota Department of Human Services violated your privacy rights, you may send a written complaint to the Minnesota Department of Human Services, Privacy Official at:

Minnesota Department of Human Services  
Privacy Official  
PO Box 64998  
St. Paul, MN 55164-0998

Minnesota law requires some background studies conducted by the Department of Human Services (DHS) to include a fingerprint-based Federal Bureau of Investigation (FBI) record check. The FBI requires that you be provided the following Privacy Act Statement if a FBI record check is conducted as part of your DHS background study.

### **FBI Privacy Act Statement**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

### **Your Rights**

You have the right to directly obtain your FBI record and to work with the FBI to correct your record if it is wrong. You are not required to do this, but if you want to you must send your fingerprints and a fee to the FBI. Information about the process is on the FBI's web site at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If your background study results in a disqualification, you will be provided with information about how to ask DHS for reconsideration of the determination. At that time, you may inform DHS that the information used was wrong (this is a correctness review) and/or that the disqualification should not apply (this is a risk of harm review).



# Instructions for Form I-9, 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

**Anti-Discrimination Notice:** Employers must allow all employees to choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information entered in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or **Supplement B, Reverification and Rehire**. Employees do NOT need to prove their citizenship, immigration status, or national origin when establishing their employment authorization for Form I-9 or E-Verify. Requesting such proof or any specific document from employees based on their citizenship, immigration status, or national origin, may be illegal. Similarly, discriminating against employees in hiring, firing, recruitment, or referral for a fee, based on citizenship, immigration status, or national origin may be illegal. Employers should not reject acceptable documentation due to a future expiration date. For more information on how to avoid discrimination or how to report it, contact the Immigrant and Employee Rights Section in the Department of Justice's Civil Rights Division at [www.justice.gov/ier](http://www.justice.gov/ier).

## Purpose of Form I-9

Employers and employees must complete their respective sections of Form I-9. The form is used to document verification of the identity and employment authorization of each new employee (both U.S. citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document the verification of the identity and employment authorization of each new employee (both U.S. citizen and noncitizen) hired after November 27, 2011.

## Definitions

**Employee:** A person who performs labor or services in the United States for an employer in return for wages or other remuneration. The term “employee” does not include individuals who do not receive any form of remuneration (e.g., volunteers), independent contractors, or those engaged in certain casual domestic employment.

**Employer:** A person or entity, including an agent or anyone acting directly or indirectly in the interest thereof, who engages the services or labor of an employee to be performed in the United States for wages or other remuneration. This includes recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

**Authorized Representative:** Any person an employer designates to complete and sign Form I-9 on the employer's behalf. Employers are liable for any statutory and regulatory violations made in connection with the form or the verification process, including any violations committed by any individual designated to act on the employer's behalf.

**Preparer and/or Translator:** Any individual who helps the employee complete or translates **Section 1** for the employee.

## General Instructions

Form I-9 consists of:

- **Section 1:** Employee Information and Attestation
- **Section 2:** Employer Review and Verification
- Lists of Acceptable Documents
- Supplement A, Preparer and/or Translator Certification for Section 1
- Supplement B, Reverification and Rehire (formerly Section 3)

---

## EMPLOYEES

Employees must complete and sign **Section 1** of Form I-9 no later than the first day of employment (i.e., the date the employee begins performing labor or services in the United States in return for wages or other remuneration). Employees may complete **Section 1** before the first day of employment, but cannot complete the form before acceptance of an offer of employment.

## EMPLOYERS

Employers in the United States, except Puerto Rico, must complete the English-language version of Form I-9. Only employers located in Puerto Rico may complete the Spanish-language version of Form I-9 instead of the English-language version. Any employer may use the Spanish-language form and instructions as a translation tool.

All employers must:

- Make the instructions for Form I-9 and Lists of Acceptable Documents available to the employee when completing the Form I-9 and when requesting that the employee present documentation to complete Supplement B, Reverification and Rehire. See page 5 for more information.
- Ensure that the employee completes **Section 1**.
- Complete **Section 2** within three business days after the employee's first day of employment. If you hire an individual for less than three business days, complete **Section 2** no later than the first day of employment.
- Complete Supplement B, Reverification and Rehire when applicable.
- Leave a field blank if it does not apply and allow employees to leave fields blank in **Section 1**, where appropriate.
- Retain completed forms. You are not required to retain or store the page(s) containing the Lists of Acceptable Documents or the instructions for Form I-9. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Additional guidance about how to complete Form I-9 may be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) and on [I-9 Central](#).

### Section 1: Employee Information and Attestation

#### Step 1: Employee completes Section 1 no later than the first day of employment.

- All employees must provide their current legal name, complete address, and date of birth. If other fields do not apply, leave them blank.
- When completing the name fields, enter your current legal name and any last names you previously used, including any hyphens or punctuation. If you only have one name, enter it in the Last Name field and then enter “Unknown” in the First Name field.
- Providing your 9-digit Social Security number in the Social Security number field is voluntary, unless your employer participates in E-Verify. See page 5 for instructions related to E-Verify. Do not enter an Individual Taxpayer Identification Number (ITIN) as your Social Security number.

#### Step 2: Attest to your citizenship or immigration status.

You must select one box to attest to your citizenship or immigration status.

1. **A citizen of the United States.**
2. **A noncitizen national of the United States:** An individual born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** An individual who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant.

Conditional residents should select this status. Asylees and refugees should NOT select this status; they should instead select “A noncitizen authorized to work.” If you select “lawful permanent resident,” enter your 7- to 9-digit USCIS Number (A-Number) in the space provided.

- 
- 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work:** An individual who has authorization to work but is not a U.S. citizen, noncitizen national, or lawful permanent resident.

If you select this box, enter the date that your employment authorization expires, if any, in the space provided. In most cases, your employment authorization expiration date is found on the documentation evidencing your employment authorization. If your employment authorization documentation has been automatically extended by the issuing authority, enter the expiration date of the automatic extension in this space.

- Refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, and other noncitizens authorized to work whose employment authorization does not have an expiration date, should enter N/A in the Expiration Date field.

Employees who select "a noncitizen authorized to work" must enter **one** of the following to complete **Section 1**:

- (1) USCIS Number/A-Number** (7 to 9 digits);
- (2) Form I-94 Admission Number** (11 digits); or
- (3) Foreign Passport Number and the Country of Issuance**

Your employer may not ask for documentation to verify the information you entered in **Section 1**.

**Step 3: Sign and enter the date you signed Section 1. Do NOT back-date this field.**

**Step 4: Preparer and/or translator completes a Preparer and/or Translator Certification, if applicable.**

If a preparer and/or translator assists an employee in completing Section 1, that person must complete a Certification area on Supplement A, Preparer and/or Translator Certification for Section 1, located on Page 3 of Form I-9. There is no limit to the number of preparers and/or translators an employee may use. Each preparer and/or translator must complete and sign a separate Certification area. Employers must ensure that they retain any additional pages with the employee's completed Form I-9. If the employee does not use a preparer or translator, employers are not required to provide or retain Supplement A.

**Step 5: Present Form I-9 Documentation**

Within three business days after your first day of employment, you, the employee, must present to your employer original, acceptable, and unexpired documentation that establishes your identity and employment authorization. For example, if you begin employment on Monday, you must present documentation on or before the Thursday of that week. However, if you were hired to work for less than three business days, you must present documentation no later than the first day of employment.

Choose which documentation to present to your employer from the Lists of Acceptable Documents. An employer cannot specify which documentation you may present from the Lists of Acceptable Documents. You may present either: 1.) one selection from List A or 2.) a combination of one selection from List B and one selection from List C. In certain cases, you may also present an acceptable receipt for List A, B, or C documents. For more information on receipts, refer to the M-274.

- List A documentations show both identity and employment authorization. Some documentation must be presented together to be considered acceptable List A documentation. If you present acceptable List A documentation, you should not be asked to present List B and List C documentation.
- List B documentation shows identity only and List C documentation shows employment authorization only. If you present acceptable List B and List C documentation, you should not be asked to present List A documentation. Guidance is available in the M-274 if you are under the age of 18 or have a disability (special placement) and cannot provide List B documentation.

Your employer must physically examine the documentation you present to complete Form I-9, or examine them consistent with an alternative procedure authorized by the Secretary of DHS. If your documentation reasonably appears to be genuine and to relate to you, your employer must accept the documentation. If your documentation does not reasonably appear to be genuine or to relate to you, your employer must reject it and provide you with an opportunity to present other documentation. Your employer may choose to make copies of your documentation, but must return the original(s) to you. Your employer may not ask for documentation to verify the information you entered in **Section 1**.

---

---

## Section 2: Employer Review and Verification

Before completing **Section 2**, you, the employer, should review **Section 1**. If you find any errors or missing information in **Section 1**, the employee must correct the error, and then initial and date the correction.

You may designate an authorized representative to act on your behalf to complete **Section 2**.

You or your authorized representative must complete **Section 2** by physically examining evidence of the employee's identity and employment authorization within three business days after the employee's first day of employment. For example, if an employee begins employment on Monday, you must review the employee's documentation and complete **Section 2** on or before the Thursday of that week. However, if the individual will work for less than three business days, **Section 2** must be completed no later than the first day of employment.

### Step 1: Enter information from the documentation the employee presents.

You, the employer or authorized representative, must either physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, the original, acceptable, and unexpired documentation the employee presents from the Lists of Acceptable Documents to complete the applicable document fields in **Section 2**. You cannot specify which documentation an employee may present from these Lists of Acceptable Documents. A document is acceptable if it reasonably appears to be genuine and to relate to the person presenting it. Photocopies, except for certified copies of birth certificates, are not acceptable for Form I-9. Employees must present one selection from List A or a combination of one selection from List B and one selection from List C.

You may use common abbreviations for states, document titles, or issuing authorities, such as: “DL” for driver's license, and “SSA” for Social Security Administration. Refer to the M-274 for abbreviation suggestions.

### List A documentation shows both identity and employment authorization.

- Enter the required information from the List A documentation in the first set of document entry fields in the List A column. Some List A documentation consists of a combination of documents that must be presented together to be considered acceptable List A documentation. If the employee presents a combination of documents for List A, use the second and third sets of document entry fields in the List A column. Use the Additional Information space, as necessary, for additional documents. When entering document information in this space, ensure you record all available document information, such as the document title, issuing authority, document number and expiration date.
- If an employee presents acceptable List A documentation, do not ask the employee to present List B and List C documentation.

### List B documentation shows identity only, and List C documentation shows employment authorization only.

- If an employee presents acceptable List B and List C documentation, enter the required information from the documentation under each corresponding column and do not ask the employee to present List A documentation.
- If an employee under the age of 18 or with disabilities (special placement) cannot provide List B documentation, see the M-274 for guidance.

In certain cases, the employee may present an acceptable receipt for List A, B, or C documentation. For more information on receipts, refer to the Lists of Acceptable Documents and the M-274.

### Photocopies

- You may make photocopies of the documentation examined but must return the original documentation to the employee.
- You must retain any photocopies you make with Form I-9 in case of an inspection by DHS, the Department of Labor, or the Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section.

### Step 2: Enter additional information, if necessary.

Use the Additional Information field to record any additional information required to complete **Section 2**, or any updates that are necessary once **Section 2** is complete. Initial and date each additional notation. See the M-274 for more information. Such notations include, but are not limited to:



- 
- Those required by DHS, such as extensions of employment authorization or a document's expiration date.
  - Replacement document information if a receipt was previously presented.
  - Additional documentation that may be presented by certain nonimmigrant employees.

You may also enter optional information, such as termination dates, form retention dates, and E-Verify case numbers, if applicable.

**Step 3: Select the box in the Additional Information area if you used an alternate procedure for document examination authorized by the Secretary of DHS.**

You must select this box if you used an alternative procedure authorized by DHS to examine the documents. You may refer to the M-274 for guidance on implementing alternative procedures for document examination approved by the Secretary of DHS.

**Step 4: Complete the employer certification.**

Employers or their authorized representatives, if applicable, must complete all applicable fields in this area, and sign and date where indicated.

### **Reverification and Rehire**

To reverify an employee's work authorization or document an employee's rehire, use Supplement B, Reverification and Rehire (formerly Section 3). Employers need only complete and retain the supplement page when employment authorization reverification is required. Employers may choose to document a rehire on the supplement as well. Enter the employee's name at the top of each supplement page you use. In the New Name field, record any change the employee reports at the time of reverification or rehire. Use a new section of the supplement for each instance of a reverification or rehire, sign and date that section when completed, and attach it to the employee's completed Form I-9. Use additional supplement pages as necessary. Use the Additional Information fields if the employee's documentation presented for reverification requires future updates.

#### **Reverifications**

When reverification is required, you must reverify the employee by the earlier of the employment authorization expiration date stated in Section 1 (if any), or the expiration date of the List A or List C employment authorization documentation recorded in Section 2. Employers should complete any subsequent reverifications, if required, by the expiration date of the List A or List C documentation entered during the employee's most recent reverification.

For reverification, employees must present acceptable documentation from either List A or List C showing their continuing authorization to work in the United States. You must allow employees to choose which acceptable documentation to present for reverification. Employees are not required to show the same type of document they presented previously. Enter the documentation information in the appropriate fields provided.

You should not reverify the employment authorization of U.S. citizens and noncitizen nationals, or lawful permanent residents (including conditional residents) who presented a Permanent Resident Card (Form I-551) or other employment authorization documentation that is not subject to reverification (such as an unrestricted Social Security card).

Reverification does not apply to List B documentation. Reverification may not apply to certain noncitizens. See the M-274 for more information about when reverification may not be required.

#### **Rehires**

If you rehire an employee within three years from the date the employee's Form I-9 was first completed, you may complete the supplement and attach it to the employee's previously completed Form I-9. If the employee remains employment-authorized, as indicated on the previously completed Form I-9, record the date of rehire and any name changes. If the employee's employment authorization or List A or C documents have expired, you must reverify the employee as described above.

Alternatively, you may complete a new Form I-9 for rehired employees. You must complete a new Form I-9 for any employee you rehired more than three years after you originally completed a Form I-9 for that employee.

## Employee and Employer Instructions Related E-Verify

E-Verify uses Form I-9 information to confirm employees' employment eligibility. For more information, go to [www.e-verify.gov](http://www.e-verify.gov) or contact us at [www.e-verify.gov/contact-us](http://www.e-verify.gov/contact-us).

For employees of employers who participate in E-Verify:

- You must provide your Social Security number in the Social Security number field in **Section 1**.
  - If you have applied for, but have not yet received, your Social Security number, you should leave the field blank until you receive the number. Update this field once you receive it, and initial and date the notation.
  - If you can present acceptable identity and employment authorization documentation to complete Form I-9, you may begin working while waiting to receive your Social Security number.
- Providing your email address and telephone number in **Section 1** will allow you to receive notifications associated with your E-Verify case.
- If you present a List B document to your employer, it must contain a photograph.

For E-Verify employers:

- Ensure employees enter their Social Security number in **Section 1**.
- You must only accept List B documentation that contains a photograph. This applies to individuals under the age of 18 and individuals with disabilities.
- You must retain photocopies of certain documentation.

## What is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any other government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the “DHS Privacy Notice” below.

## USCIS Forms and Information

Employers may photocopy or print blank Forms I-9. To ensure you are using the latest version of this form and corresponding instructions, visit the USCIS website at [www.uscis.gov/i-9](http://www.uscis.gov/i-9). You may order paper forms at [www.uscis.gov/forms/forms-by-mail](http://www.uscis.gov/forms/forms-by-mail) or by contacting the USCIS Contact Center at **1-800-375-5283** or **1-800-767-1833** (TTY).

For additional guidance about Form I-9, employers and employees should refer to the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) or USCIS' Form I-9 website at [www.uscis.gov/i-9-central](http://www.uscis.gov/i-9-central).

You can obtain information about Form I-9 by e-mailing USCIS at [I-9Central@uscis.dhs.gov](mailto:I-9Central@uscis.dhs.gov). Employers may call **1-888-464-4218** or **1-877-875-6028** (TTY). Employees may call the USCIS employee hotline at **1-888-897-7781** or **1-877-875-6028** (TTY).

## Retaining Completed Forms I-9

An employer must retain Form I-9, including any supplement pages, on which the employee and employer (or authorized representative) entered data, as well as any photocopies made of the documentation the employee presented, for as long as the employee works for the employer. When employment ends, the employer must retain the individual's Form I-9 and all attachments for one year from the date employment ends, or three years after the first day of employment, whichever is later. In the case of recruiters or referrers for a fee (only applicable to those that are agricultural associations, agricultural employers, or farm labor contractors), the retention period is three years after the first day of employment.

Completed Forms I-9 and all accompanying documents should be stored in a safe and secure location. Employers should ensure that the information employees provide on Form I-9 is used only as stated in the DHS Privacy Notice below.

---

Form I-9 may be generated, signed, and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR section 274a.2. Employers creating, modifying, or storing Form I-9 electronically are encouraged to review these and any other relevant standards for electronic signature, and the indexing, security, and documentation of electronic Form I-9 data.

## Penalties

Employers may be subject to penalties if Form I-9 is not properly completed or for employment discrimination occurring during the employment eligibility verification process. See 8 U.S.C. section 1324a and section 1324b, 8 CFR section 274a.10 and 28 CFR Part 44. Individuals may also be prosecuted for knowingly and willfully entering false information, or for presenting fraudulent documentation, to complete Form I-9.

**Employees:** By signing **Section 1** of this form, employees attest under penalty of perjury (28 U.S.C. section 1746) that the information they provided, along with the citizenship or immigration status they select, and all information and documentation they provide to their employer, is true and correct, and they are aware that they may face penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or using false documentation when completing this form. Further, falsely attesting to U.S. citizenship may subject employees to penalties or removal proceedings, and may adversely affect an employee's ability to seek future immigration benefits.

**Employers:** By signing **Sections 2 and 3**, as applicable, employers attest under penalty of perjury (28 U.S.C. section 1746) that they have physically examined the documentation presented by the employee, that the documentation reasonably appears to be genuine and to relate to the employee named, that to the best of their knowledge the employee is authorized to work in the United States, that the information they enter in **Section 2** is complete, true, and correct to the best of their knowledge, and that they are aware that they may face civil or criminal penalties provided by law and may be subject to criminal prosecution for knowingly and willfully making false statements or knowingly accepting false documentation when completing Form I-9.

## DHS Privacy Notice

**AUTHORITIES:** The information requested on this form, and the associated documents, are collected under the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

**PURPOSE:** The primary purpose for providing the requested information on this form is for employers to verify the identity and employment authorization of their employees. Consistent with the requirements of the Immigration Reform and Control Act of 1986, employers use the Form I-9 to document the verification of the identity and employment authorization for new employees to prevent the unlawful hiring, or recruiting or referring for a fee, of individuals who are not authorized to work in the United States. This form is completed by both the employer and the employee and is ultimately retained by the employer.

**DISCLOSURE:** The information employees provide is voluntary. However, failure to provide the requested information, and acceptable documentation evidencing identity and authorization to work in the United States, may result in termination of employment. Failure of the employer to ensure proper completion of this form may result in the imposition of civil or criminal penalties against the employer. In addition, knowingly employing individuals who are not authorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an individual to work in the United States. The employer must retain this completed form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

---

---

**Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 34 minutes per response, when completing the form manually, and 25 minutes per response when using a computer to aid in completion of the form, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop Number 2140, Camp Springs, MD 20588-0009; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**