



Employee Personal Information Form

Employee type: ___Classified ___Student ___Volunteer ___PT Faculty ___FT Faculty ___Exempt ___PT Hourly

Department Name: _____ Supervisor Name: _____

YOUR PERSONAL INFORMATION

Last Name: _____ First Name: _____

Preferred Name: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Primary Phone number: _____ Secondary Phone number: _____

Mailing Address (If different): _____

City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship to self: _____ Contact Phone: _____

EMPLOYEE SIGNATURE REQUIRED

Employee Signature: _____ Date: _____

FOR HUMAN RESOURCES OFFICE USE ONLY

Entered: _____ Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

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.****2024****Step 1:**
Enter
Personal
Information

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

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

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

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

Step 5:
Sign
Here

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

Employee's signature (This form is not valid unless you sign it.)**Date****Employers**
Only

Employer's name and address

First date of
employmentEmployer identification
number (EIN)



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
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.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

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

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

List A		OR	List B	AND	List C	
Document Title 1						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Document Number (if any)						
Expiration Date (if any)						
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative				Signature of Employer or Authorized Representative		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.

Employee Affirmative Action and Demographic Data Form

Government agencies provide state and federal periodic reports about the state workforce for equal opportunity and affirmative action efforts. **The demographic information from this form also helps us make better decisions about how we increase representation of underrepresented groups and make our workforce more diverse and inclusive.**

Providing any of this information is voluntary, and information will be kept confidential to the extent possible. As of June 11, 2020, the following information collected on this form is protected from public disclosure at the individual level: month and year of birth, race and ethnicity, sexual orientation and gender identity (RCW 49.60.040(26)), and status as a person with a disability.

1. Name (Last, First, Middle Initial)	2. Personnel ID Number	3. Date
<i>Please see next page for definitions</i>		
4. Are you age 40 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> Birthdate _____	5. Gender Identity Female <input type="checkbox"/> Male <input type="checkbox"/> X/Non-binary <input type="checkbox"/>	
6. Gender Designation for Health Insurance Purposes (Used by doctors for billing) Female <input type="checkbox"/> Male <input type="checkbox"/>		
7. Are you a person with a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Veterans with a service-connected disability may also meet the definition of a person with a disability. Select both if applicable.</small>	8. Do you identify as LGBTQ+? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>Information used to account for workforce representation.</small>	
9. What race and/or ethnicity do you consider yourself? Select <u>all</u> that apply. <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> American Indian or Alaska Native</div> <div style="width: 33%;"><input type="checkbox"/> Hispanic or Latino</div> <div style="width: 33%;"><input type="checkbox"/> Asian</div> <div style="width: 33%;"><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</div> <div style="width: 33%;"><input type="checkbox"/> Black or African-American</div> <div style="width: 33%;"><input type="checkbox"/> White</div> </div>		
Veteran and Military Spouse Information – Employment preference is given to veterans. The state also provides support and assistance to military spouses in accordance with Executive Order 19-01. <i>Note: To qualify and receive veteran's preference, you may be asked to provide a record of discharge, DD214, NGB Form 22 or alternate verification of military service and a document from the U.S. Department of Veterans Affairs certifying a service-connected disability for disabled veterans.</i>		
10. Veteran Status? Select <u>all</u> that apply. Are you an Eligible Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, discharge date: _____ Are you a Vietnam Era Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Type of discharge: _____ Are you a Veteran w/service-connected disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a Special Disabled Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
11. Are you currently a member of the reserve component, including the National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/> Were you called to active duty from employment with the state? Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="display: flex; justify-content: space-between;"> 11a. If yes, dates: _____ to _____ and 11b. Type of Discharge: _____ </div>		
12. Are you a military spouse or military registered domestic partner? Yes <input type="checkbox"/> No <input type="checkbox"/>		
13. Are you the spouse or registered domestic partner of an honorably discharged deceased veteran OR honorably discharged 100% service-connected disabled veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Signature	Date	

Submit completed form to your agency's Human Resources Office.

For more information on HRMS entry of this form: [OFM Personal Data Job Aid](#).

For Imaging Only	Personnel ID	Doc Date	Section	Doc Type	Sub Doc Type	HR Rep
			AA	Form	AA Profile	



Retirement Status Verification

Employers can use this form to document the retirement status of all new employees.

DRS Contact Information
Employer Support Services (ESS)
360.664.7200, option 2
800.547.6657, option 6, option 2
drs.employersupport@drs.wa.gov

Employer Instructions

RCW 41.50.139 requires employers to obtain, in writing, the retirement status of all new employees. Your organization can document the status using your own process, or by using this form. If using this form:

- Ask the employee to complete and sign the Employee Information section below.
- Use the Member Management Process in the Employer Reporting Application (ERA) to verify the employee's retirement status.
- Record the results in the Employer Verification section below.
- Use Retiree Return to Work (RRTW) Reporting Charts to review reporting instructions as necessary.
- Sign and date this form. Retain for 60 years.

Employee Information		Employer Verification
Employee Name (Last, First, Middle)	Social Security Number	
Are you a retiree of one of Washington state's retirement systems? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
If a retiree of PERS, SERS or TRS, did you retire using the 2008 early retirement factors (2008 ERF)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are you under age 65? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you retired or will you be eligible to retire from LEOFF Plan 2 in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and filling eligible position (not L2 position), have employee complete LEOFF Plan 2 Re-employment form .
Are you a retiree of a separate retirement plan covered by the city of Seattle, Spokane or Tacoma? If yes, which one(s)? <input type="checkbox"/> Yes, _____ <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Are you currently employed by another public employer and contributing to a Washington state retirement system? That is, will you be working at the same time for two public employers? <input type="checkbox"/> Yes <input type="checkbox"/> No		If the employee checked yes, stop. Contact ESS before enrolling the employee in a DRS retirement plan.
Employee Signature	Date	

Employer Comments (optional)

Please enter any additional comments here. If you need more room, use the back of this form and check this box: ☐

Employer Signature

I verified the above information using ERA (or by contacting DRS). I acknowledge that failure to properly report a retiree to DRS can result in a liability to the employer.

Employer Signature

Date



Edmonds College - PAYMENT AUTHORIZATION FORM

Fill out this form and return to HR. If you do not have an active bank account on file or have not signed up for direct deposit, you will automatically be issued a Focus[®] Card after two pay periods. Your Focus Card will be in HR for you to pick up in 5-7 days. It may take 1-2 pay cycles for funds to be deposited to your card.

Employee Information (Please print clearly using black ink.)

First Name:	Last Name:	
Address:	Apt. #::	
City:	State:	Zip Code:
Home Phone:	Work Phone:	
Email Address:		
Social Security Number:	Date of Birth:	

Two Convenient Options

To receive your pay via direct deposit or to enroll for the Focus Card, please fill out your account information in the section provided below (you may choose either direct deposit or the Focus Card). **If choosing direct deposit, please attach a voided check or copy of check here. Do not attach a deposit slip, the routing number is not always correct. If you do not have a voided check or copy of a check, please have an authorized bank representative fill in your account information and sign the Bank Representative Signature line below.**

☐ **Direct Deposit** By choosing traditional direct deposit, your pay will be deposited directly into your checking or savings account each pay day. Fill out your account information below:

Bank Name:	Account Number:
ABA Routing/Transit #:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Representative Signature (if no check is attached):	

☐ **Focus Card** With the Focus Card, your pay will be deposited onto a prepaid Visa[®] card. The Focus Card can be used to make purchases or get cash everywhere Visa debit cards are accepted worldwide. It's not a credit card and there is no cost to enroll.

Initial _____ By choosing this option, I also acknowledge receipt of the Pre-Acquisition Disclosure as well as the Fee Schedule from my employer.

In accordance with RCW 43.41.180, I hereby authorize and request the State, until this authorization is revoked as described below, to transfer the full amount of my state salary, after mandatory and authorized deductions, to the designated financial institution for deposit in my account. In the event that the State may be legally obligated to withhold any additional part of my salary payment for any reason, I understand that the State shall have the authority to immediately terminate any transfer made under this authorization. If the State discovers that the electronic transmission for this authorization for any reason will result in an overpayment of salary or wages actually due and payable to me, I hereby authorize the State to either process a reversing transaction that will result in sending the net pay amount back to the state, or seek full reimbursement of the overpayment by whatever means is appropriate. If any action taken by me or my financial institution, without adequate notification to my agency payroll office, results in non-acceptance of the transfer by the designated financial institution, I understand that the State assumes no responsibility for processing supplemental payroll payments until the funds are returned to the agency by the financial institution. I understand that my first payment subsequent to receipt of this form by the Bellevue College Payroll office will still be in the form of a check. Thereafter, dependent upon successful prenote completion, I will receive payment by direct deposit. I agree that it is my responsibility to confirm each payment, and will not hold the College liable for any charges as a result of direct deposit failure. I also understand that any check issued outside of regular payroll processing will be in the form of a paper check and will not be direct deposited. I further understand that the College has the right to pay my final payroll payment upon my termination in the form of a check, and that it is my responsibility to verify method of final payment upon my termination from the College. I will not hold the College liable for any charges as a result of my failure to verify payment method upon my termination. This authority is in force until written notification is received from me regarding its termination, or upon my death.

X

Signature:	Date:
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The Focus Card is issued by U.S. Bank National Association. Member FDIC. © 2012 U.S. Bank.