

# How to Fill Out First Day Forms



## **I-9, EMPLOYMENT ELIGIBILITY VERIFICATION**

This form is required for all new appointments. It is used to verify that the employee is eligible to work in the United States.

Complete the form as follows:

- Employee completes and **signs** Section 1, using their legal name as it appears on their Social Security Card, driver's license, and/or passport.
- Employing officer or notary completes Section 2. The appointing official or notary **MUST REVIEW EITHER** *one* document from List A; **OR** *two* documents: one from List B **AND** one from List C.

(A list of the appropriate documents to be reviewed are found on the reverse side of the I-9 form.)

### **PLEASE NOTE:**

**WHEN COMPLETING SECTION 2, IT IS VERY IMPORTANT TO COMPLETE LIST A: OR LIST B AND C. ALSO, BE SURE TO HAVE THE EMPLOYING OFFICER OR NOTARY SIGN THE CERTIFICATION PORTION OF THE FORM INCLUDED IN SECTION 2.**

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## **SF-256, SELF-IDENTIFICATION OF HANDICAP**

This form is recommended for all appointments. The information is used to record whether or not an employee has a handicap. **It is used for record purposes only and is kept confidential.**

Employee should complete the form as follows:

- Name
- Date of Birth
- Social Security Number
- Select appropriate handicap code and enter code in block in upper right hand corner of form.

### **PLEASE NOTE:**

In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

If you are being hired under a handicap appointment, **this form is required in order to input the personnel action.**

If form is not received, or handicap not identified, a default code of 05 is used.

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### **SF-181, RACE AND NATIONAL ORIGIN IDENTIFICATION**

This form is recommended for all appointments. The information is used to identify the employee's race and national origin.

Complete the form as follows:

- Employee completes blocks 1-3 and selects a category in block 4.

#### **PLEASE NOTE:**

This information is used for record purposes only and is kept confidential.

**DO NOT USE THIS FORM FOR EMPLOYEES IN HAWAII! For Hawaii, USE OPM-1468.**

If the employee is in **Puerto Rico**, employee **must select only D or Y.**

If not received or specified, the default code is E.

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### **OPM 1468, RACE AND NATIONAL ORIGIN IDENTIFICATION FOR EMPLOYEES IN HAWAII**

**(SF-181 IS USED FOR ALL OTHER EMPLOYEES)**

This form is required for all appointments in Hawaii. This information is used to identify the race and national origin of employees in Hawaii.

Complete the form as follows:

- Employee completed blocks 103 and then selects category in block 4.

#### **PLEASE NOTE:**

This information is for report purposes only and is kept confidential. If this form is not received or is received incomplete, the default code is E.

## **AD-349, EMPLOYEE ADDRESS**

An AD-349 is completed by the employee in order to establish or change his/her residence and/or check mailing address.

Complete the form as follows:

- The employee should complete blocks 1-7 and blocks 13 and 14.
- An Agency official will complete the “AGENCY USE” blocks.

Section II, Blocks 8-12

**DO NOT COMPLETE IF YOU HAVE CHOSEN DIRECT DEPOSIT.  
COMPLETING THE CHECK ADDRESS PORTION (BLOCKS 8-12) WILL  
CANCEL THE DIRECT DEPOSIT.**

**PUBLIC LAW 103-356 NOW REQUIRES ALL NEWLY HIRED FEDERAL  
EMPLOYEES (INCLUDING EMPLOYEES TRANSFERRING TO USDA) BE  
PAID BY DIRECT DEPOSIT THROUGH THE ELECTRONIC FUNDS  
TRANSFER (EFT). TO SIGN-UP FOR DIRECT DEPOSIT, YOU MUST  
COMPLETE STANDARD FORM SF-1199A OR FMS-2231.**

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## **Sf-1199A, DIRECT DEPOSIT SIGN UP FORM**

**PLEASE NOTE: PUBLIC LAW 103-356 REQUIRES ALL NEWLY HIRED  
FEDERAL EMPLOYEES (INCLUDING TRANSFERRED TO USDA) BE PAID  
BY DIRECT DEPOSIT THROUGH ELECTRONIC FUNDS TRANSFER (EFT).**

This form is completed to start a direct deposit, or to begin or cancel an allotment.

A voided check attached will be sufficient. **A deposit slip is not acceptable.**  
*Completing Section 3 is optional if a voided check is included with the 1199A.*

Complete the form as follows:

- Employee completes Section 1, Block C
- **The CLAIM OR PAYROLL IS NUMBER** is the employee’s social security number.

### **PLEASE NOTE:**

Be sure to indicate on the SF-1199A whether it is being submitted for the employee’s net pay (whole paycheck) or for an allotment for the employee.

If completing this form for an allotment, Section 1, Block G should be completed as follows:

- In “**TYPE**” block show; initiate, increase, decrease or cancel allotment.
- In “**AMOUNT**” block show:
  - To **INITIATE** an allotment – show the amount of the allotment in **WHOLE** dollar amounts only.
  - To **CHANGE** an allotment – show total amount that you would like the allotment to be increased or decreased to. (i.e., if the employee has a \$25 allotment and wants to increase the amount by \$100, the employee would show \$125 in the amount block.)
  - To **CANCEL** an allotment – show zeros in the amount block.

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### **FMS 2231 DIRECT DEPOSIT FASTSTART**

This form is used to start a direct deposit and/or an allotment or to cancel an allotment. A voided check attached will be sufficient. **A deposit slip is not acceptable.**

You should complete blocks 1, 2, 3, and 5 for net pay.

In addition, if you want to set up an allotment, complete block 4.

#### **PLEASE NOTE:**

*Either the SF-1199A or the FMS 2231 may be submitted to begin direct deposit of net pay and/or an allotment.*

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### **W-4, EMPLOYEE’S WITHHOLDINGS ALLOWANCE CERTIFICATE**

The employee completes blocks numbered 1 through 6; and, **IF** applicable, employee should complete block 7.

#### **Please note:**

If you complete block 7, no taxes will be withheld.

If you claim exempt status, a new W-4 must be submitted by February 15, of each calendar year that the exemption is claimed or the payroll system will default to “Single” and “no exemptions.”

### **SF-144, STATEMENT OF PRIOR FEDERAL SERVICE**

This form is used to list all prior federal civilian service and military service you may have.

Complete the form as follows:

- Employee completes blocks 1-9 and signs and dates the form.

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### **SF-1152, DESIGNATION OF BENEFICIARY – UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE**

This form is used to designate the beneficiary or beneficiaries to receive any unpaid compensation due and payable your death.

Complete the form as follows:

- Employee completes Section A with name, date of birth, social security number, Department or Agency, Bureau, Division, and Location of your position.
- Examples of designations are on page 2 of this form, and you must make sure that the total percentage of designations equals to 100%.
- Additional instructions are included on page 4 of this form.