

## INSTRUCTI ON S FOR COMP LETION OF SHORT- TERM/ SUBSTIT UT E PAPERWORK

W-4: Do Not leave box #5 blank our Social Security card is required for payroll verification of your name and Social Security Number.) Bring your card wit h you

:

Employment Eligibility V erification

(Review the list on the reverse side of the form—you may use either one item form list A only, or one item from list B and one from list C).

Physici an Designation

must

DO NOT

Your name, social security number, signature and completion of the Emergency Information are required regardless of whether or not a doctor is designated.

Warrant(s) Recipient D esignati on

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Family Medical Leave Act