

STATE OF ALASKA DEPARTMENT OF MILITARY AND VETERANS AFFAIRS STANDARD OPERATING PROCEDURES	REVISION NO. 1.0	PAGE 1 of 8
	ISSUED August 2025	EFFECTIVE Upon Issuance
SUBJECT: State Active Duty Standard Operating Procedures		APPROVED BY: DAS Division Operations Manager
<p><u>PURPOSE:</u></p> <p>To establish Department of Military and Veterans Affairs (DMVA) policy and procedures for State Active Duty (StAD).</p> <p>The purpose of State Active Duty (StAD), in accordance with Alaska Statute 26.05.070 which reads, "In the event of war, disaster, insurrection, rebellion, tumult, catastrophe, wildland fire, invasion, or riot; or if a mob or body of men act together by force with intent to commit a felony or to offer violence to persons or property, or by force and violence to break and resist the laws of the state, or the United States; or in the case of imminent danger of the occurrence of any of these events; or whenever responsible civil authorities fail to preserve law and order, or protect life and property, or the governor believes that failure is imminent, the governor may order the organized militia or any part of it, into active state service to execute the laws and to perform duties in connection with them that the governor considers proper.</p> <p>In the event of wildland fire, the governor may delegate to the adjutant general the governor's authority under this section to order some or all of the organized militia into active state service to fight wildland fire. In this section, "wildland fire" includes the uncontrolled burning of grass, brush, timber, and other vegetative material."</p> <p><u>DISTRIBUTION:</u></p> <p>DMVA DAS, AKNG J-1 Staff, AKNG Joint Operations Center Personnel, State Emergency Operations Center, AKNG JAG, Alaska Naval Militia, Alaska State Defense Force</p> <p><u>AUTHORITY:</u></p> <p>AS 26.05.070 AS 26.05.075 AS 26.05.140 AS 26.05.145 AS 26.05.150 AS 26.05.170 AS 26.05.260 AS 41.15.030 AAM 60 Travel 2022 State of Alaska Incident Business Management Handbook</p> <p><u>DEFINITIONS:</u></p> <p>Immediate Response: Any form of immediate action taken to save lives, prevent human suffering, or mitigate great property damage under imminently serious conditions when time does not permit approval from a higher authority.</p>		

Organized Militia: A former body of U.S. militia under the concurrent jurisdiction of both the state and the federal governments and now constituted as a National Guard. The Alaska State Defense Force and the Alaska Naval Militia are also considered part of the Alaska Organized Militia.

Resource Order: A Resource Order is used to request tactical and non-tactical resources (supplies, equipment, personnel and services) in response to a specific incident.

On-Site Supervisor: The Non-Commissioned Officer or Officer in Charge that deploys with a National Guard unit who is responsible for the time and attendance of the service members at their designated duty location.

Crew Time Report (CTR): A form that is used at active fire locations to document the daily activities of all service members at each fire suppression location.

OF288: A document that is created by the Division of Forestry and Fire Protection using the information provided on the Crew Time Report that shows all time worked during a specified timeframe for each service member.

Equipment Shift Tickets: A form used to document the usage of equipment (vehicles, machinery, tools, etc.) assigned to a fire incident used to calculate operational costs for the purpose of reimbursement.

POLICY:

I. Leave and Reemployment Rights:

- A. Per AS 26.05.075, members of the Alaska Organized Militia called to perform active state service are entitled to a leave of absence by their employer and the ability to return to the employee's former position, or a comparable position, at the pay, seniority, and benefit level the employee would have had if the employee had not been absent as a result of that active service.
- B. If an employee is not qualified to perform the duties of their position as a result of permanent disability sustained because of the employee's active state service but is qualified to perform the duties of another position with the employer, the employer shall offer the available, vacant position that most closely approximates the pay and benefits of the employee's previous position and that the employee is qualified for and capable of performing.
- C. An employee is not entitled to return to the employee's former position, or a comparable position at the pay, seniority, and benefit level the employee would have had if:
 - 1. the employer's circumstances have changed, making employment impossible or unreasonable; or
 - 2. the employment would impose an undue hardship on the employer.

II. Governor's Command and Order to The Adjutant General:

A. In accordance with Alaska Statute 26.05.170, the governor's command is exercised through the adjutant general, who shall carry out the policies of the governor in military affairs. The adjutant general represents the governor and shall act in conformity with the governor's instructions. The adjutant general shall exercise control over the department.

B. In accordance with the Governor's General Order Number 2020-02, The Adjutant General of the Alaska National Guard is ordered to call such forces of the Organized Militia or any part of it, into active state service under the provisions of Alaska Statute 26.05.070. Such service may include Title 32 status or State Active Duty status on a reimbursable basis. The Adjutant General shall make reasonable and continuous efforts to notify the Office of the Governor of an activation order as soon as possible, but no later than 24 hours, other than in the event of training or service in the office of the Adjutant General.

III. Workers Compensation Coverage:

A. A member of the organized militia who, while performing duties under AS 26.05.070 or training under AS 26.05.100, including transit to and from the service member's home of record, suffers an injury or disability in the line of duty is entitled to all compensation and benefits available under AS 23.30 (Alaska Workers Compensation Act).

B. Any injury to a service member must be reported by the on-site supervisor as soon as possible but no later than 30 days past the injury. Furthermore, any fatality must be reported within eight (8) hours per OSHA regulations. Any in-patient hospitalization, amputation, or eye loss must be reported within 24 hours per OSHA regulations.

C. DAS will assist with the completion of the required forms. Workers' compensation claims are administered by a third-party claims administrator on behalf of the State of Alaska (SOA).

PROCEDURES:

I. Procedures for Placing Individuals on State Active Duty:

A. When a state emergency or other valid requirement exists, the Adjutant General alerts the Air/Army Commanders and Director of the Joint Forces Headquarters (JFHQ).

B. The Director of the Joint Forces Headquarters alerts the:

1. Alaska State Defense Force
2. Alaska Naval Militia Commanders
3. AKNG J-Staff Directors
4. Adjutant General's Special Staff for the emergency requirements, to include:

- a) J3/5/7 Director of Operations
- b) J1 Director of Personnel and Manpower
- c) J4 Director of Logistics
- d) AKNG State Judge Advocate
- e) United States Property and Fiscal Officer
- f) Inspector General

C. The respective commanders and directors notify their subordinate unit commanders who determine which personnel are available for use in the state for the emergency or immediate response.

- 1. Personnel may initially be deployed by Verbal Orders of the Commander (VOCO) for emergency situations followed with appropriate administrative actions.

D. The Division of Administrative Services (DAS) will be notified by the Office of the Adjutant General or the J1 that a StAD activation is being initiated.

- 1. DAS will provide a SOA payroll system enrollment packet for each individual for which orders are to be published, provided they are not already actively enrolled.
 - a) Packet completion assistance is available from DAS upon request.
 - b) Packets are updated yearly and accessible from <https://dmva.alaska.gov/DAS/StAD>.
- 2. DAS will be provided with an Alpha Roster by the Joint Operations Center (JOC), indicating all service members activated into StAD status.

E. Prior to mission deployment, the Joint Operations Center (JOC) will conduct a Joint Reception, Staging, Onward Movement, and Integration (JRSOI) briefing with activated service members to communicate mission guidelines and expectations including but not limited to the scope of the mission, rules of force, public engagement protocols, workers' compensation coverage, and expectations for pay.

F. Upon mission completion, the JOC will coordinate a debriefing with activated service members to discuss any issues and suggest process improvements.

II. Publishing and Distributing Orders:

A. The AKNG J1 office will be responsible for publishing State Active Duty orders for all members of the Organized Militia. Orders include mission criteria such as the purpose, reporting date, and end date. Orders can be amended or curtailed in response to changing mission requirements.

B. The J-1 will create an alpha roster of all activated personnel with attached orders and submit to DAS. This will ensure accurate tracking of all personnel in StAD status.

III. Time and Attendance (Excluding Wildland Fire Support – See Section VIII):

A. The AKNG J1 or their designated representative, and DAS are the only authorized signatures to certify State Active Duty performance for payment.

B. The AKNG J1 will ensure all orders and forms are complete and accurate prior to submission to DAS. It is important to note that incomplete packets and/or timesheets will result in a delay of pay.

1. DAS will create and submit DMVA Form 15's (see form 6) along with a copy of the service members' orders to SOA Payroll for the processing of StAD pay.

IV. Computation of StAD Pay Rates/Allowances:

A. All Organized Militia service members must be entered into the SOA payroll system before they can receive StAD pay. The service member will complete and submit to DAS through the J-1 a StAD packet comprised of the Employment Eligibility form I-9 and the associated identification documents, IRS Form W-4, and SOA Designation of Beneficiary for Unpaid Compensation for each service member. Packets can be obtained on the DMVA website <https://dmva.alaska.gov/DAS/STAD>.

1. If assistance is required, coordinate with DAS administrative staff.

B. DAS will compute StAD daily pay rates and process the DMVA Form 15's for payment in conjunction with SOA payroll on a biweekly pay schedule. Service members will have their StAD paychecks issued within two weeks following the end of the pay period. Official SOA pay schedules can be found at <https://doa.alaska.gov/calendar/>.

C. In accordance with AS 26.05.260, members of the Alaska National Guard and members of the Organized Militia are entitled to receive, for each day of active service under AS 26.05.070, pay in an amount equal to the pay received by a member of the of the regular armed forces of the United States in the same grade and rank as the member of the Organized Militia.

D. To calculate individual pay, DAS uses the most current active duty military pay table, basic allowance for housing (BAH) table, basic allowance for subsistence (BAS) table, and the current overseas Cost of Living Allowance table based on their duty station.

E. When called into State Active Duty, all pay and allowances are subject to federal tax. Although the active military pay scale and allowance chart are utilized for pay calculation, all pay and allowances are taxed at the federal tax rate. StAD is an activation by the Governor in a state status and all pay and allowances are taxable.

F. Any questions regarding computation of StAD pay should be directed to the DAS office.

V. StAD Wildland Fire Support Pay Rates:

A. Red Card Qualified Organized Militia service members activated to State Active Duty in support of wildland fires, and who directly engage in firefighting activities will be paid as Emergency Fire Fighters (EFF) through established EFF classification hourly rates in accordance with AS 41.15.030. EFF classification hourly rates are updated by the Department of Natural Resources (DNR), Division of Forestry & Fire Protection (DOF&FP).

B. Hours worked by service members activated to StAD in support of wildland fires will be reported on a DOF&FP Crew Time Report (CTR, see form 8), and submitted to DAS to coincide with the SOA payroll processing schedule as feasible, and at minimum, at the end of each activation. Time closeout is mandatory on June 30th of every year due to the end of the State Fiscal Year.

C. DAS will arrange for a DOF&FP timekeeper to transfer the CTR hours to an OF-288 (see form 7) for each service member activated to StAD in support of wildland fires. DOF&FP will then send the completed OF-288s to DMVA DAS for payroll submission.

D. DMVA DAS will verify the OF-288 against the official orders for each service member and submit the following to SOA Payroll for processing according to the bi-weekly payroll schedule:

1. DMVA Form 15
2. State Active Duty Orders
3. State of Alaska Timesheet

E. AKNG equipment may also be requested via resource order and used on incidents by authorized personnel. Equipment use will be documented through Equipment Shift Tickets (see form 9) and all completed shift tickets are required to be submitted to DOF&FP through DMVA DAS for tracking reimbursable expenses.

F. SOA Payroll will follow pay administration guidelines regarding EFF pay, found in the Alaska Incident Business Management Handbook, to calculate overtime pay due as applicable.

G. For non-routine activity, on station activity, or in-state assignments: one day of rest is required in 21 days for all EFFs. For assignments outside of Alaska, travel days will not count towards the days off policy.

H. AKARNG flight crews will operate shifts of 12 hours on duty and 12 hours off duty. Flight crews are limited to eight hours of flight time and can extend to 10 hours with approval, in one duty day. Pilots and crewmembers shall not work more than 12 consecutive days without two days off. A day off must not be less than 24 hours and the pilot or crewmember shall not be subject to call-up for duty during this period.

I. To receive reimbursement from DNR, DMVA must provide documentation including copies of State of Alaska timesheets, OF-288s, CTRs, payroll reports, travel authorizations, Equipment Shift Tickets, resource orders, and miscellaneous receipts for costs incurred.

VI. Equipment and Supplies:

A. As deemed necessary based on the resource order and upon request, mission critical supplies such as personal protective equipment and disaster recovery tools may be purchased through the DAS office.

B. Meals, Ready-to-Eat (MREs) provided by the USPFO in support of State Active Duty missions when service members are required to be self-sufficient are eligible for reimbursement when authorized by TAG in the form of a food waiver memorandum.

VII. StAD Travel and Per Diem:

A. All travel must be approved in advance by the Adjutant General and coordinated through the DAS office. Members of the Organized Militia are not authorized to book their own travel while in StAD status.

B. Service members in StAD status are effectively considered state employees for the purpose of travel and must follow the same travel reimbursement procedures. Requests for travel reimbursement and per diem must be submitted on the DMVA StAD Travel Questionnaire (see form 5) within 5 working days after travel is completed.

C. Any travel and per diem authorized while performing StAD will be requested through the AKNG J1 to DMVA DAS in accordance with SOA Travel Regulations (AAM 60). The DMVA DAS Travel Desk will compute the amount the service member will receive under state law and process the request for payment. Meals provided to service members activated to State Active Duty will be tracked daily and service members' per diem will be prorated accordingly.

VIII. Fuel Card Procedures:

A. As determined necessary based on the resource order, the JOC will request the use of a State-issued PCard strictly for purchasing fuel for StAD activations.

B. StAD fuel PCards are maintained by DAS and can only be issued by authorized DAS personnel. PCard recipients will be expected to sign a hand receipt and ensure the timely return of the card upon mission completion. PCard recipients are expected to retain and provide DAS with all copies of fuel receipts.

C. State-issued PCards are considered state property. Card misuse may constitute a violation of the Alaska Executive Branch Ethics Act, which may result in civil penalties of up to \$5,000. Unauthorized use of a card for personal purposes is theft under AS 11.46, and if the amount is over \$1,000, individuals may be subject to felony prosecution.

D. SOA will take any action deemed necessary to recover any improper amounts charged, late fees, legal fees, and any other expenses incurred by the State as a result of card misuse.

IX. Emergency After-Hours Procedures:

A. Upon notice of activation, DAS will provide the designated J-1 representative with the after-hours procedures for travel.

B. In the event DAS is unavailable to assist after-hours, and as strictly necessary, service members traveling under StAD orders may contact SOA's contracted travel vendor directly to request itinerary changes using the contact number provided on the service members' travel itinerary.

FORMS TO FOLLOW:

1. Employment Eligibility Verification Form (I-9)
2. Employee's Withholding Allowance Certificate (W-4)
3. SOA Designation of Beneficiary for Unpaid Compensation
4. SOA Payroll Direct Deposit Form
5. DMVA StAD Travel Questionnaire
6. State Active Duty Pay Sheet (DMVA Form 15)
7. USDA/USDI OF-288
8. USDA/USDI Crew Time Report
9. USDA/USDI Equipment Shift Ticket

REVISION HISTORY AND REVIEW CYCLE:

Revision Date	Revision Number	Description of Changes	Reviewed By	Approved By
August 22, 2025	1.0	Initial Release	Susan England	Susan England

Review Cycle

This SOP will be reviewed annually by the DAS Administrative Officer 2 and Division Operations Manager to ensure compliance with current AAM policies and DMVA requirements. Updates will be made as needed based on policy changes, operational adjustments, or audit findings.



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 <div></div>		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. An alien authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.			First Day of Employment (mm/dd/yyyy):		
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		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		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

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



Supplement A, Preparer and/or Translator Certification for Section 1

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

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

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

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative		Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			Check here if you used an alternative procedure authorized by DHS to examine documents.

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.****2025****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.)		

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

Complete Steps 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 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.)

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
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.

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 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 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 **1** \$ _____
- 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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____
- 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) **4** \$ _____

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 **1** \$ _____
- 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

 **2** \$ _____
- 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-" **3** \$ _____
- 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 **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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

STATE OF ALASKA

DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION

This form names the people you want to receive unpaid wage compensation in the event of your death while an employee of the State of Alaska. It can also be used to change those names at any time. Your wishes may not be carried out as intended if the form is not completed correctly.

Employee Name _____ Department _____

Employee ID _____ Date of Birth _____

INITIAL AUTHORIZATION

CHANGE

PRIMARY BENEFICIARY (IES)				CONTINGENT BENEFICIARY (IES)			
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
Name				Name			
Address				Address			
City, State & Zip Code				City, State & Zip Code			
Relationship	DOB (if minor)	Percentage	%	Relationship	DOB (if minor)	Percentage	%
TOTAL PRIMARY PERCENTAGE MUST EQUAL		100%		TOTAL CONTINGENT PERCENTAGE MUST EQUAL		100%	

Employee Signature	Date	Witness	Date

INSTRUCTIONS

1. You may designate one primary beneficiary who would be the sole beneficiary.
2. You may designate primary beneficiary(ies) and contingent beneficiary(ies). Primary beneficiaries receive the benefit first if you die. Contingent beneficiaries receive the benefit if the primary beneficiary has died.
3. You may designate any number of beneficiaries to share in any manner you wish. Please designate the percentage to pay each beneficiary. The total percentage of all Primary beneficiaries must equal 100% and the total of all Contingent beneficiaries must equal 100%. List each name separately; attach additional forms if necessary.
4. If you are designating a minor (under 18 yrs of age) as your beneficiary, you must add the minor's date of birth (DOB).
5. Should you wish to change or alter your designation of beneficiary, be sure to complete a new form in its entirety.
6. This form must be witnessed by someone who can verify your identity and who is not your beneficiary.

Return this completed form to your Payroll Services Section or Agency HR Office, or you may send it directly to Dept. of Administration, Div. of Finance, Payroll Section, P.O. Box 110204, Juneau AK 99811-0204.

STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

- This form **MUST** be submitted from the **employee's own State of Alaska email account -OR-** be accompanied by a **copy of a government-issued ID** (Passport, Driver's License, State ID, Native American Tribal ID, etc.).
- You **MUST** attach documentation **that displays the account and routing number**. Examples include a voided check, account statement, or screenshot of online account information.
- Failure to provide the required documentation will result in your form not being processed.**
- Direct deposit to foreign financial institutions is not allowed.
- Email the completed form to doa.dof.pr.directdeposit@alaska.gov. It may take up to two (2) pay periods for new direct deposit accounts to take effect. Refer any questions regarding the processing or timing of direct deposit to this address as well. (For Legislative Affairs employees, direct forms and questions to personnelgroup@akleg.gov)
- If you are changing positions but your banking information is **not changing**, there is **NO NEED** to submit this form.

EMPLOYEE ID NUMBER:	DEPT #:	NAME:
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NET PAY DEPOSIT:	Initial Authorization	Change	Cancellation	No Change
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____				CHECK ONLY ONE SAVINGS CHECKING

FLAT AMOUNT DEPOSIT:	Initial Authorization	Change	Cancellation	No Change
Financial Institution Name _____ Institution Transit Routing Number _____ Account Number _____ Amount of Deduction _____				CHECK ONLY ONE SAVINGS CHECKING

FREQUENCY OF FLAT AMOUNT (CHECK ONLY ONE):		
1st PAYCHECK ONLY	First scheduled payday each month.	(12 times per year)
2nd PAYCHECK ONLY	Second scheduled payday each month.	(12 times per year)
1st & 2nd PAYCHECKS ONLY	The third paycheck will be skipped in months with 3 scheduled paydays.	(24 times per year)
ALL PAY PERIODS	All scheduled paydays, including the third paycheck in months with 3 paydays.	(26-27 times per year)

I hereby authorize the State of Alaska to make payroll deposits to my account(s) as indicated above.

I also authorize the State of Alaska to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account I have indicated above. I understand the State will make a reasonable effort to notify me within twenty-four (24) hours if a debit entry or adjustment is made against the account. This authority is to remain in full force and effect through the duration of my employment with the State of Alaska or until the State of Alaska has received written notification from me. I understand I must notify the State immediately and complete a new authorization form if I change financial institutions, account numbers, or type of account. Any alteration or unauthorized addition invalidates this form.

In addition, as required by the Federal Office of Foreign Asset Control in support of U.S.C. Title 50, War and National Defense, I attest that the full amount of my direct deposit is not being forwarded to a bank in another country and that if at any point I establish a standing order with my receiving bank to forward the full direct deposit to a bank in another country, I will inform the State of Alaska immediately. If the State discovers that the full amount of a direct deposit has been forwarded to another country or if information on the form has been falsified, this agreement shall be terminated. I certify all information regarding this authorization is true and correct. Any intent to falsify information is punishable under AS 11.56.210 as a class A misdemeanor.

SIGNATURE:	DATE:
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Submit completed form to: doa.dof.pr.directdeposit@alaska.gov
 Legislative Affairs Employees submit instead to: personnelgroup@akleg.gov

SPECIAL NOTE

Additional guidance regarding direct deposit can be found online at <http://doa.alaska.gov/dof/payroll/directdeposit.html>.

This form does not set up payments made to you in IRIS Financial for direct deposit. To have these payments go direct deposit, you must fill out the State of Alaska Electronic Payment Agreement form for State Employee Reimbursements at this link: http://doa.alaska.gov/dof/forms/resource/EDI_agreement_StateEE.pdf

COMPLETION INSTRUCTIONS FOR THE STATE OF ALASKA PAYROLL DIRECT DEPOSIT FORM

Enter Employee ID, Name, and Department

NET PAY DEPOSIT

To deposit all net dollars from each pay warrant for each pay period. Dollars can be transferred to any ACH participating Financial Banking Institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic NET deposit.
- **Change** – you wish to change an existing electronic NET deposit such as a new financial institution, account number, or account type.
- **Cancellation** – you wish to cancel an existing electronic NET deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic NET deposit. Mark this box if you are making an authorization in the flat amount deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and the account number.

Indicate either **Savings or Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

FLAT AMOUNT DEPOSIT

A set flat amount of money can be electronically deposited into any ACH participating financial institution.

Indicate by marking the appropriate box:

- **Initial Authorization** – you do not currently have an existing electronic flat amount deposit.
- **Change** – you wish to change an existing electronic flat amount deposit. A new banking institution, account number, account type, or dollar amount.
- **Cancellation** – you wish to cancel an existing electronic flat amount deposit and elect not to have a new set-up started.
- **No Change** – you wish to continue your existing electronic flat amount deposit. Mark this box if you are making an authorization in the NET deposit section only.

Enter the name of the financial institution, the 9-digit institution transit routing number, and the account number.

Enter the dollar amount – Enter the dollar amount to be deducted from the appropriate pay period.

Indicate either **Savings or Checking**. Only indicate ONE type of account. Monies may not be divided between savings and checking.

Frequency. Indicate how often the flat amount should be deducted and electronically transferred. Note that all months have at least two (2) paydays; however, some will have a third.

AUTHORIZATION

Sign and date the form.

Submit the completed form to doa.dof.pr.directdeposit@alaska.gov.

ADDITIONAL INFORMATION

State of Alaska employees can view the current account details for their direct deposit setup through the [IRIS Employee Self-Service \(ESS\) Portal](#) under the **Manage Direct Deposit** quick link. This information will update once the Division of Finance has processed your request.

Please allow **up to two pay periods** for processing a new deposit or change to take effect. If you are changing to the flat dollar amount only, no pre-note will be necessary, and no delay in electronic deposits will occur. After setup, a pre-note process is initiated where information regarding your account is sent to the banking institution, but no monies are sent. During this verification process, any pay will be issued to you with a paper payroll warrant.

Once verified, your NET pay will be sent electronically, and your warrant stub will be available online through the [IRIS Employee Self-Service \(ESS\) Portal](#) under the **Pay/W-2 Information** quick link.

State Active Duty Travel Questionnaire

Traveler Name: _____

Physical Address: _____

1. How did you get to the departure point when you left? (select one)

☐ Drove and parked at airport (need parking receipt)

☐ Dropped off by spouse/family

☐ Uber/Taxi (need receipt)

2. If you DID NOT stay in a commercial lodging facility (i.e., hotel), where did you stay?

3. Were you provided any meals during travel status (including MREs)?

List all travel dates and meal types provided (Breakfast, Lunch, Dinner)

4. How did you get home after you returned? (select one)

☐ Drove home in personal vehicle

☐ Picked up by spouse/family

☐ Uber/Taxi (need receipt)

**STATE ACTIVE DUTY
DMVA FORM 15**

ENROLLMENT

NAME (LAST, FIRST, MI)	
MAILING ADDRESS	Apt
CITY, STATE, ZIP	
SSN	
NUMBER OF DEPENDENTS	
BRANCH OF SERVICE (SELECT)	
ORGANIZATION	
PAY GRADE	
PAY ENTRY BASE DATE / PAY DATE	

.....
DO NOT WRITE BELOW LINE - THIS SPACE FOR J-1

ORDER NUMBER: _____ DATES OF ORDERS: _____

MISSION SUPPORT: _____

DUTY DATES (FROM – TO): _____ NUMBER OF DAYS: _____

PREPARED BY: _____
PRINTED NAME SIGNATURE DATE

.....
DO NOT WRITE BELOW LINE - THIS SPACE FOR DAS

PAY PERIOD END DATE	
FUNDING LDPR	
DAILY RATE	
NUMBER OF DAYS	
TOTAL	

DMVA DAS REP: _____
NAME/TITLE SIGNATURE DATE

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)				
2. Employee Common Identifier										3. Type of Employment (X One) Casual Federal Other					4. Hiring Unit Name (e.g., Ranger District)				
5. Name (First, Middle, Last)										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number				
Column A					Column B					Column C					Column D				
					Same as Column A					Same as Column A B					Same as Column A B C				
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name				
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)				
10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)			10. Fire Code (e.g., B2C5)		11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., FFT2-T)		13. AD Class (e.g., B)	14. AD Rate \$		12. Position Code (e.g., FFT2-T)		13. AD Class (e.g., B)	14. AD Rate \$		12. Position Code (e.g., FFT2-T)		13. AD Class (e.g., B)	14. AD Rate \$		12. Position Code (e.g., FFT2-T)		13. AD Class (e.g., B)	14. AD Rate \$	
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code				
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours
Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours		
In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel															17. Total Hours (all columns):				
18. Commissary and Travel										For Payment Center use only									
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode										
				Total	\$			\$			20. Employee Signature								
19. Remarks										21. Time Officer Signature									

NOTE: The above items are correct and proper for payment from available appropriations.

CREW TIME REPORT

261-101 NFES 000891 Prescribed by USDA-USDI (NMWG Handbook No. 2)

Emergency Equipment Shift Ticket							
1. Agreement Number:		2. Contractor/Agency Name:			3. Resource Order Number:		
4. Incident Name:		5. Incident Number:			6. Financial Code:		
7. Equipment Make/Model:		8. Equipment Type:		9. Serial/VIN Number:		10. License/ID Number:	
11. If applicable check and complete the following boxes. Use MILITARY TIME and/or real odometer reading.							12. Transport Retained? Yes <input type="checkbox"/> No <input type="checkbox"/>
Equipment							
13. Is this a First/Last Ticket? (Check if yes) Mobilization <input type="checkbox"/> Demobilization <input type="checkbox"/>		14. Miles <input type="checkbox"/> Hours <input type="checkbox"/> (Applies to blocks 16-18 below)		Blocks 19-20 Special Rates, indicate type and quantity (ex: 1 Day)			
15. Date	16. Start	17. Stop	18. Total	19. Quantity	20. Type	21. Note Travel/Other remarks	
Personnel							
22. Date	23. Operator Name (First & Last)	24. Start	25. Stop	26. Start	27. Stop	28. Total	29. Note Travel/Other remarks
30. Remarks – Provide details of any equipment breakdown or operating issues. Include other information as necessary.							
31. Contractor/Agency Representative (Printed Name)				32. Contractor/Agency Representative (Signature)			
33. Incident Supervisor (Printed Name & Resource Order number)				34. Incident Supervisor (Signature)			