



Payroll & Employee Services
101 Braddock Road
Frostburg, MD 21532
(P) 301-687-4332
(F) 301-687-4344
payroll@frostburg.edu

Attention Student Employees

The following information is provided to guide you through the payroll process. Please stop by the **Payroll Office** located on the third floor of the Hitchins Building, or contact us at **(301) 687-4332** or **payroll@frostburg.edu** if you need additional assistance or have questions relating to the payroll process.

- **Payroll Form (contract)**

Students complete the top section of this form and take to the employing department for completion and signature. Federal Work Study contract packets are returned to Financial Aid once complete, and State Work Study contract packets are forwarded to the Payroll Office.

- **Employment Eligibility Verification Form (I-9)**

Page 1 of this form ***MUST be completed*** by the student and presented to their employing department ***within 3 days of beginning work (Failure to complete form within 3 days may result in a delay starting employment and/or being paid)***. When you present your I-9 form, please bring the appropriate ***original*** documents listed on Page 3 of the form to establish both identity and employment eligibility. If you do not present a document from List A, then you must present one document from List B ***and*** one document from List C (***The employing department will verify the documents and record them on Page 2***).

- **Employee Federal Withholding Allowance Certificate (W-4)**

Please make sure your address is correct, as this is the address where your first pay check and W-2 will be sent at the end of the calendar year. This form is also forwarded to the Payroll Office. To access the worksheets or for further instructions please follow this link: <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>

Do not complete another W-4 form if you have been on FSU's payroll within the last year and wish to keep your withholding status the same. Your withholding status will remain as it was for your last contract.

- **Direct Deposit (mandatory)**

Enrolling in direct deposit is mandatory. **Central Payroll requires all direct deposit forms to be typed, printed, and signed by hand in blue or black ink.** The direct deposit form can be found and completed on our website: <https://www.frostburg.edu/payroll/files/pdfs/directdeposit.pdf>

1. Complete the Direct Deposit form and return it to the Payroll Office. Note that it usually takes at least one full payroll cycle before your direct deposit begins. You will receive a paper payroll check until direct deposit begins. All paper checks will be mailed from CPB in Annapolis directly to the employee using the address provided on the employee's W-4 form.
2. To view your pay check information – sign in to CPB's Payroll Online Service Center (POSC) web site at <https://interactive.marylandtaxes.com/Extranet/cpb/POSC/User/Start.aspx> You will be asked to create a user ID and password to register. You can do so using your social security number, date of birth, Frostburg's agency number (360226), and your most recent check number found at the top right corner of your paycheck. If you don't have the check number, you may contact Payroll & Employee Services for help at 301-687-4332 or payroll@frostburg.edu.

- **Statement of Responsibilities For Student Employees**

Carefully read the list of responsibilities, complete the bottom of the form and submit the form to the Financial Aid Office if a Federal work study student and to the employing department if a State student employee.

- **Student Payroll Schedule**

This information is provided to help you with timesheet and payment schedules. It is also useful to record your payments so you can make sure you do not work over your contract limit. You may keep this form for your use.

- **General Information**

Timesheets must be entered online and approved no later than the day following the end of the pay period. Timesheets received late will not be included for payment until the next pay cycle. Paper or amended timesheets must be hand delivered to the Payroll Office **by a staff employee**.

If you are a new employee, it may take two pay periods after Payroll receives your forms to receive your first payment.

FROSTBURG STATE UNIVERSITY
Payroll & Employee Services
State Student Help -- Payroll Form

A TIMESHEET IS REQUIRED FOR PAYMENT

TO BE COMPLETED BY STUDENT:

US Citizen: _____ Yes _____ No

if not, visa type _____

Employee Name
(Last, First, M.I.): _____

Birthdate: _____ / _____ / _____

Permanent Address: _____

_____ Sex: _____ M _____ F

_____ Local Phone: _____

Social Security Number: _____

Current Semester Credits: _____

TO BE COMPLETED BY EMPLOYING DEPARTMENT:

Department Name: _____

Phone: _____

Immediate Supervisor: _____

(please print)

Date Contract to Begin: _____

End: _____

Rate of Pay \$ _____

Total Hours # _____

Dept. Code: _____

Contract Amount \$ _____ (7 digit account number)

FSU Paid Fringe Benefits (if applicable)

*Social Security (.0765 x contract amount): \$ _____

*Unemployment (.0028 x contract amount): \$ _____

() Applicable only if the student is
FICA taxable. Students enrolled on a
half-time or more basis are exempt
from FICA taxes.*

Total Amount to be Encumbered: \$ _____

Signature of Account Manager: _____

Date: _____

Payroll Office Use Only:

PS ID _____

Entered _____

On Payroll _____

Date _____

Frostburg State University
Statement of Responsibilities for Student Employees

1. Student employees are temporary, part-time employees of Frostburg State University and must complete an I-9 by the first day of employment.
2. Students must submit their class schedule, work schedule, local address, local telephone number and e-mail address to their supervisor(s).
3. Students may not work during their scheduled class times unless class is cancelled and supervisor initials timesheet showing those hours worked.
4. Students may not work more than 20 hours per week when classes are in session nor more than 40 hours per week when classes are not in session. Students working in more than one department must keep each department informed of total hours worked in other jobs to ensure that the appropriate hour limit is not exceeded.
5. Student may not work more than five consecutive hours without an unpaid rest period of at least 30 uninterrupted minutes.
6. Deviations or changes from a work schedule must first be cleared with the student's supervisor.
7. Students must complete timesheets accurately, timely and in accordance with instructions on the timesheets. A supervisor's signature, which is required on all timesheets, denotes approval of the hours worked by the student.
8. A student must keep a personal record of hours worked and amount earned to ensure that he/she does not exceed his/her work-study allotment.
9. Students must be prompt, dependable, and conduct themselves in a professional manner or the department supervisor may dismiss the student from employment.
10. Students must follow all safety rules.
11. Students must dress appropriately for the work setting.
12. Students must be supervised at all times during their work hours.
13. Students enrolled less than half time will have FICA withheld from their paychecks.

In addition to the above responsibilities, **FEDERAL WORK STUDY STUDENTS** must be cleared by the Financial Aid Office before beginning work; may not work beyond their allocated award; and may not work beyond the last day of classes of the academic year without prior approval of the Financial Aid Office.

STUDENT EMPLOYMENT POLICIES, PROCEDURES AND REGULATIONS ARE DEFINED IN THE FROSTBURG STATE STUDENT EMPLOYMENT HANDBOOK. STUDENTS DESIRING ACCESS TO THE HANDBOOK SHOULD CONTACT THEIR SUPERVISOR OR THE STUDENT EMPLOYMENT OFFICE.

My signature below verifies that I have read and understand the responsibilities as stated above.

Student's Name (Please Print)

Social Security Number

Student's Signature

Date

Revised 7/02

CONTRACTUAL PAYROLL SCHEDULE
FY 2024
FROSTBURG STATE UNIVERSITY

Pay Period Begin Date	Pay Period End Date	Pay Date	FTNTT Faculty	Grads/ Adjuncts	Overloads	7 week 1 Adjuncts	7 week 2 Adjuncts
06/28/23	07/11/23	07/26/23					
07/12/23	07/25/23	08/09/23					
07/26/23	08/08/23	08/23/23					
08/09/23	08/22/23	09/06/23					
08/23/23	09/05/23	09/20/23	1	1			
09/06/23	09/19/23	10/04/23	2	2			
09/20/23	10/03/23	10/18/23	3	3	1		
10/04/23	10/17/23	11/01/23	4	4	2		
10/18/23	10/31/23	11/15/23	5	5	3		
11/01/23	11/14/23	11/29/23	6	6	4		
11/15/23	11/28/23	12/13/23	7	7	5		
11/29/23	12/12/23	12/27/23	8	8	6		
12/13/23	12/26/23	01/10/24	9				
12/27/23	01/16/24	01/24/24	10				
01/17/24	01/30/24	02/07/24	11	Intersession			
01/31/24	02/13/24	02/21/24	12	1			
02/14/24	02/27/24	03/06/24	13	2			
02/28/24	03/12/24	03/20/24	14	3	1		
03/13/24	03/26/24	04/03/24	15	4	2		
03/27/24	04/09/24	04/17/24	16	5	3		
04/10/24	04/23/24	05/01/24	17	6	4		
04/24/24	05/07/24	05/15/24	18	7	5		
05/08/24	05/21/24	05/29/24	19	8	6		
05/22/24	06/04/24	06/12/24	20				
06/05/24	06/18/24	06/26/24	21				
06/19/24	07/02/24	07/10/24					

Department of the Treasury
Internal Revenue Service☒ **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.****Step 1 – Personal Information** (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	Agency Number	Name of Employing Agency	
(a) Employee Name		(b) Social Security Number	
Home Address (number and street or rural route) (apartment number, if any)		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	State	Zip Code	County of Residence (required)
(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:	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependents and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000 <input type="checkbox"/> \$		
	Multiply the number of other dependents by \$500..... <input type="checkbox"/> \$		
	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 (For Employer Use Only)

Central Payroll Bureau
P.O. Box 2396
Annapolis, MD 21404

First date of employment

Employer identification number (EIN)

Employee Withholding Exemption Certificate

FOR MARYLAND STATE GOVERNMENT EMPLOYEES ONLY

Section 1 – Employee Information (Please complete form in black ink.)

Payroll System (check one) <input type="checkbox"/> RG <input type="checkbox"/> CT <input type="checkbox"/> UM	Name of Employing Agency		
Agency Number	Social Security Number	Employee Name	
Home Address (number and street or rural route) (apartment number, if any)			
City	State	Zip Code	County of Residence (required) <small>Nonresidents enter Maryland County or Baltimore City where you are employed</small>

Section 2 – Maryland WithholdingMaryland worksheet is available online at https://marylandtaxes.gov/forms/24_forms/MW507.pdf

<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single Rate	
1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2.	1. _____
2. Additional withholding per pay period under agreement with employer	2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions and check boxes that apply. <input type="checkbox"/> a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and <input type="checkbox"/> b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements). If both a and b apply, enteryear applicable _____ (year effective) Enter "EXEMPT" here	
3.	3. _____
4. I claim exemption from withholding because I am domiciled in the following state. <input type="checkbox"/> Virginia I further certify that I do not maintain a place of abode in Maryland as described in the instructions. Enter "EXEMPT" here	
4.	4. _____
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here	
5.	5. _____
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507.	
6.	6. _____
7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507.	
7.	7. _____
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military spouses Residency Relief Act. Enter "EXEMPT" here	
8.	8. _____

Section 3 – Employee Signature

Under the penalty of perjury , I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.		
_____ Employee's signature	_____ Date	_____ Daytime Phone Number <small>(In case CPB needs to contact you regarding your MW507)</small>

Employer's name and address (For Employer Use Only) Central Payroll Bureau P.O. Box 2396 Annapolis, MD 21404	Federal Employer identification number (EIN)
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Important: The information you supply must be complete. This form will replace in total any certificate you previously submitted.Web Site - <https://www.marylandtaxes.gov/statepayroll/payroll-forms.php>



STATE OF MARYLAND PAYROLL DIRECT DEPOSIT AUTHORIZATION

Payroll System (Check one)

Regular

Contract

University of Maryland

Social Security Number

			-			-				
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Employee's Name (please print)

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Agency Code

--	--	--	--	--	--

Agency Name (please print)

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I authorize the State of Maryland Central Payroll Bureau to take the following action with my net salary:

(Check One)

1. **Initiate** deposit directly to my checking/savings account
(Will take at least two pay periods to allow for pre-note process.)
2. **Change** account type(checking/savings account), and/or bank routing number to which my net salary is deposited (cancel of old account will occur within 21 days for receipt of CPB; you will receive a payroll check until the new account is established)
Do not close account until payroll check is issued.
3. **Discontinue** direct deposit into my checking/savings and issue a payroll check instead.
Do not close account until payroll check is issued.

CPB Use Only

Effective PPE:

Processed by:

Bank Name:

(Omit if action 3 is checked)

Account Type: *(Must Check One)*

If not marked this form will be returned

Checking

Savings

Bank Number

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Verify carefully. For checking, copy directly from your personal check. Do not include your check number. Do not use your deposit slip number.

Checking/Savings Account Number

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IAT requirement

Check box if your full net pay is subsequently transferred to a foreign bank.

I authorize the State of Maryland to deposit my net salary to the bank and account named above. This authorization is to remain in force until the State of Maryland receives written notification from me of its termination in time and manner that allows the State and the bank a reasonable opportunity to act upon it. In the event that the State of Maryland notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to the State as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to the State is not possible, I authorize the State to recover those funds by setting off the amount erroneously paid me from any future payments from the State until the amount of the erroneous deposit has been recovered, in full.

Date

Employee signature
(Original wet signature required)

Daytime phone number

Instructions:

- Only one account is permitted for direct deposit. You can choose either checking or savings not both.
- **Type only** (except signature).
- Use black ink only.
- Complete all blocked areas in the top part of form except for the section "CPB use only."
- Read authorization and sign the completed form. Only original forms will be accepted. Unsigned or Incomplete forms will be returned.
- Deposit amount will be full net amount of pay into either your checking/savings account.
- If changing your account type, bank and or account number, you will receive a payroll check until new direct deposit becomes effective.
- Do not send a voided blank check.
- Send completed form to: **Central Payroll Bureau, P.O. Box 2396, Annapolis, MD 21404.** Phone 410-260-7401.

CPB/c/dd/0059/5-2020



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 <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. 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					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					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 Frostburg State University		Employer's Business or Organization Address, City or Town, State, ZIP Code 101 Braddock Rd Frostburg, MD 21532			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 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 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-top: 10px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>

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	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.