Instructions for Completing New Hire Forms

These instructions guide you through the process of correctly completing each form in the ODA New Hire Forms packet. To get started, print ALL forms in the packet. Be sure to complete each form in black or blue ink.

You must return ALL of the completed forms and supporting documentation (where specified) within two weeks of receiving the email that provided you the link to the forms packet. Return the forms to the address provided in the email. Before returning the packet, we recommend that you use the checklist that follows these instructions to ensure that your packet is complete.

Note: If you have questions or need additional information about completing any of the forms in the packet, do not hesitate to contact the person who was identified in the email.

Thank you for taking the time to complete these required forms.

	Form	Instructions
1.	Appointment Affidavits, SF 61	• Leave **Date Appointed** blank • Leave **Place of Employment** blank • Enter **Position to Which Appointed** • Enter **Name** • Take the form to a notary to have it notarized (your local bank will have a notary) • Carefully read all sections (A, B, and C) of the form and sign it in the presence of the notary • The notary will complete the **Notary** section
2.	Employment Eligibility Verification, Form I-9	• Complete **Section 1** • See the List of Acceptable documents and select the document(s) you will use to verify your eligibility • The documents you select must be current/unexpired • Select 1 document from List A *OR* select 1 document from List B <u>and</u> 1 document from List C • Take the form and original document(s) to a notary to have the form notarized (your local bank will have a notary) • Sign the form in front of the notary • Have the notary complete **Section 2** • HR will complete **Section 3** • Make a photo copy of each eligibility verification document you selected • Attach the photo copy of each eligibility verification document to the notarized I-9
3.	ODA Employment Agreement	• Select the **Term** check box (you will be serving in a term position that may be extended up to 4 years) • Initial the line on the right that corresponds to **Term** • Sign and date the bottom (left) of the form • Print your name at the bottom (right) of the form

	Form	Instructions
4.	New Hire Orientation Review & Signature	• Read and initial **each paragraph** • Sign and date the bottom of the form • Print your name at the bottom of the form
5.	Statement of Prior Federal Service, SF 144	• Provide the information requested in items **1-3** • If you do NOT have prior Federal service o Item 4: Check Yes o Items 5-7: Write N/A o Item 8: Provide the information requested o Item 9: Sign and date the form • If you do have prior Federal service o Items 1-8: Provide the information requested o Item 9: Sign and date the form
6.	Application for 10-Point Veteran Preference, SF 15	• If you are NOT a veteran or if you are a veteran and do not wish to apply for the preference o Item 1: Enter your name o Item 5: Enter N/A • If you are a veteran and wish to apply for the preference o Complete items 1-7 on page 1 o Identify the type of **preference claimed** o Leave the **"Preference entitlement was verified"** check box blank o Sign and date the bottom of the form o Select the document being used to verify service and honorable discharge (page 2) o As applicable, complete items 1-7 on page 2 o Make a photo copy of the verification document and attach it to the SF-15
7.	Direct Deposit Form, FMS 11-92 **Important Note**: If you are attaching a voided check, it must be an original.	• Complete items 1-3 o Item 2: Select **Net Pay** for Type of Payment • Sign and date the form under item 5 • If you select Checking Account, attach an original voided check to the form • If you select Savings Account, attach a deposit slip to the form
8.	Federal Income Tax Withholding, Form W-4	• Complete the **Employee's Withholding Allowance Certificate** o Complete items 1, 2, 3 and 5 o Complete items 4, 6, and 7, as applicable • Sign and date the form • Do not complete the employer's section (items 8-10)

	Form	Instructions
9.	State Income Tax Withholding	• You are NOT required to complete this form if your place of residence is one of the following: o Alaska o Florida o Nevada o New Hampshire o Pennsylvania o Puerto Rico o South Dakota o Tennessee o Texas o U.S. Virgin Islands o Washington o Wyoming • If you are required to complete this form o Access the following url http://www.dol.gov/oasam/doljobs/statetaxforms.htm o Locate your state of residence o Access and print your state's form o Complete and sign the form, as directed
10.	Designation of Beneficiary, SF-1152 **Important Note**: The beneficiaries you specify cannot be the witnesses to your signature.	• Complete Section A o Department or Agency: SBA o Bureau: ODA o Division and Location: Leave blank • Under Section B, provide information for at least one beneficiary • At the bottom of Section B, date and sign the form in front of two witnesses • Under Section C, have each of the two witnesses sign the form and complete their addresses • Leave "Receiving agency certification" information blank
11.	ODA New Employee In-Processing Sheet	• Complete the following sections: o Identifying Information o Previous Government Experience o Driver's License Information o Emergency Contact Information o Other Relevant Information Provided by Employee • Leave the following sections blank: o Other Relevant Information Provided by Human Resources o SBA Disaster Assistance Employment Information
12.	Personally Identifiable Information (PII) Certification Statement, SBA 2311	• Enter your name and job title at the top of the form • Read the certification statements • Sign and date the bottom of the form

	Form	Instructions
13.	ODA Language Skills Identification Form	• Complete the following information: o Name o Social Security Number o Office Location • Identify all language skills that you have
14.	Ethnicity and Race Identification, SF 181 **Note**: This form is optional.	• Complete the following information: o Name o Social Security Number o Birth date • Complete both item 1 and item 2
15.	Self-Identification of Handicap, SF 256 **Note**: This form is optional.	• Complete the following information: o Name o Birth date o Social Security Number • Enter the appropriate Code
16.	GSA SmartPay2 - VISA IBA Cardholder Form	• Complete the Cardholder Information section o Use the codes provided on the second page • Sign the Cardholder Information section • Do NOT enter the date next to your signature • Below your signature, read and select the appropriate check box pertaining to credit worthiness evaluation
17.	Travel Card Training Certificate	• Access the following url: https://training.smartpay.gsa.gov • Click the link GSA SmartPay® Travel Card Training for Cardholders • Complete the online training (GSA SmartPay® Travel Card Training for Cardholders) • Take and pass the test (register for a user account) • Print the Training Certificate • Initial the Training Certificate
18.	Computer Access Clearance/Security Form, SBA 1228	• Enter your first name, middle initial, last name • Read the following sections o Data Security Requirements o New Employee/User Certification • Leave all other sections blank • Sign and date the form