

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

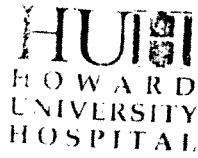
List A	OR	List B	AND	List C
Document title: _____	_____	_____	_____	_____
Issuing authority: _____	_____	_____	_____	_____
Document #: _____	_____	_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____
Document #: _____	_____	_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Howard University Hospital 2041 Georgia Ave NW WDC 20060		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)



Howard University Hospital
Post Employment

THE FEDERAL GOVERNMENT UNDER EXECUTIVE ORDER 11246 REQUIRES THE HOSPITAL TO REPORT SEX AND RACE/ETHNIC ORIGIN OF APPLICANTS FOR EMPLOYMENT. IN ADDITION, REGULATIONS IMPLEMENTING SECTION 503 OF THE REHABILITATION ACT OF 1973, AS AMENDED AND SECTION 402 OF THE VIETNAM ERA VETERANS ADJUSTMENT ASSISTANCE ACT OF 1974 REQUIRES THE HOSPITAL TO INVITE APPLICANTS TO IDENTIFY THEMSELVES AS HANDICAPPED AND AS DISABLED OR VIETNAM ERA VETERANS. SUBMISSION OF INFORMATION IS VOLUNTARY AND I AFFIRM TO PROVIDE IT WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT. ANY INFORMATION SUPPLIED WILL BE KEPT CONFIDENTIAL EXCEPT AS APPROPRIATE PERSONNEL MAY NEED INFORMATION OF ANY INDIVIDUAL'S DISABILITY TO MAKE NECESSARY ACCOMMODATIONS OR TO PROTECT HEALTH AND SAFETY AND AS GOVERNMENT OFFICIALS REQUEST SUCH INFORMATION TO REVIEW THE HOSPITAL COMPLIANCE WITH APPLICABLE EXECUTIVE ORDERS AND LAWS. YOUR COOPERATION IS APPRECIATED.

THIS INFORMATION WILL BE HELD SEPARATED FORM YOU APPLICATION.

PLEASE PRINT

NAME _____ SOCIAL SECURITY # _____

MALE [] FEMALE [] BIRTHDATE _____

RACE IDENTIFICATION - EFOC regulations require employers to maintain records regarding racial percentages of their employees.

- BLACK or AFRICAN AMERICAN [] WHITE (not of Hispanic origin) []
HISPANIC or LATINO [] ASIAN []
HAWAIIA or PACIFIC ISLANDER [] AMERICAN INDIAN or NATIVE ALASKAN []
TWO or MORE RACE []

Served in the U.S. Armed Forces between August 5, 1964 and May 7, 1975. VIETNAM ERA VETERAN []

A veteran with a disability, service connected or otherwise. DISABLED VETERAN []

HANDICAPPED/DISABLED []

PHYSICAL HANDICAP - A bodily or mental disablement which may be the result of injury, illness or congenital condition for which reasonable accommodation can be made.

Yes [] No []

OTHER LANGUAGES SPOKEN (Fluent. Able to interpret in these languages.) _____

Signature _____

Date _____

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent		A _____
B Enter "1" if: {	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)		C _____
D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return		D _____
E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)		E _____
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit		F _____
Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)		
G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.		
• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.		
• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.		G _____
H Add lines A through G and enter total here. Note. This may be different from the number of exemptions you claim on your tax return.) ▶		H _____
For accuracy, complete all worksheets that apply. {	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2008
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		Date ▶
9 Office code (optional)		10 Employer identification number (EIN)

Year _____

D-4 Employee Withholding Allowance Certificate

Your first name _____ M.I. _____ Last name _____

Home address (number and street) _____ Apartment number _____

_____ Social security number _____

City _____ State _____ Zip code +4 _____

1 Tax filing status *Fill in only one:* Single Married/domestic partners filing jointly Married filing separately
 Head of household Married/domestic partners filing separately on same return

2 Total number of withholding allowances from worksheet below _____

3 Additional amount, if any, you want withheld from each paycheck _____

4 If you are claiming exemption from withholding, read below and write "EXEMPT" in this box. _____

I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.

If claiming withholding exemption, are you a full-time student? Yes No

Signature _____ Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct.

Employee's signature _____ Date _____

Employer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002-4259 Attn: Compliance Administration

✂ Detach and give the top portion to your employer. Keep the bottom portion for your records.

D-4 Employee Withholding Allowance Worksheet

Section A Number of withholding allowances

a	Enter 1 for yourself and	a	_____
b	Enter 1 if you are filing as a head of household and	b	_____
c	Enter 1 if you are 65 or over and	c	_____
d	Enter 1 if you are blind	d	_____
e	Enter number of dependents	e	_____
f	Enter 1 for your spouse/domestic partner if filing jointly	f	_____
g	Enter 1 if married/domestic partners filing jointly and your spouse/partner is 65 or over and	g	_____
h	Enter 1 if married/domestic partners filing jointly and your spouse/partner is blind	h	_____
i	Number of allowances. Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding allowances, complete section B below.	i	_____

Section B Additional withholding allowances

j	Enter estimate of your itemized deductions	j	_____
k	Enter \$2,000 if married/domestic partners filing separately; all others enter \$4,000	k	_____
l	Subtract k from j	l	_____
m	Multiply \$1,675 by the number of allowances on Line i	m	_____
n	Divide l by m. Round to the nearest whole number.	n	_____
o	Add Lines n and i and enter on Line 2 above.	o	_____

FORM
MW 507

Employee's Maryland Withholding Exemption Certificate

Print your full name	Your Social Security number
Address (including ZIP code)	County of residence (or Baltimore City)

Withhold at Single Rate Married (surviving spouse or unmarried Head of Household) Rate
 Married, but withhold at Single Rate

1. Total number of exemptions you are claiming not to exceed **line f** in worksheet below 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 below and check boxes that apply.
 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
 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 requirement).

If both **a** and **b** apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____

4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
 District of Columbia Pennsylvania Virginia West Virginia

I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2.
 Enter "EXEMPT" here 4. _____

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 line 3 or line 4, whichever applies.

Employee's signature _____	Date _____
Employer's name and address (including zip code) (For employer use only)	Federal employer identification number

Worksheet and instructions

Enter on line 1 above, the number of personal exemptions that you will be claiming on your tax return; however, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000, you must complete the worksheet below, if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household).

Line 1	
a. Multiply the number of your personal exemptions by the value of each exemption from the table on page 2. (Generally the value of your exemption will be \$3200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced.) Do not claim any personal exemptions that you are currently claiming at another job, or any exemptions being claimed by your spouse. To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. NOTE: Dependent taxpayers may not claim themselves as an exemption.	a. _____
b. Multiply the number of additional exemptions you are claiming for dependents who are 65 years of age or older by the value of each exemption from the table on page 2.	b. _____
c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you are currently claiming at another job; or any amounts being claimed by your spouse. NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000.	c. _____
d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse at least 65 years of age and/or blind.	d. _____
e. Add total of lines a through d	e. _____
f. Divide the amount on line e by \$3,200. Drop any fraction. Do not round up. This is the maximum number of exemptions you may claim for withholding tax purposes.	f. _____

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION

PERSONAL EXEMPTION WORKSHEET

1. If no one else can claim you as a dependent, and you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his/her own certificate, write "1"
3. Exemptions for age
 - (a) If you will be 65 or older on December 31, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on December 31, write "1"
4. Exemptions for blindness.
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
5. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse)
6. Total exemptions (add lines 1 through 5)

-----Detach here and give the certificate to your employer. Keep the top portion for your records.-----

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your social security number		Name	
Street address			
City		State	ZIP code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on line 6 of the Personal Exemption Worksheet.
2. Enter the amount of **additional** withholding requested (see instructions)
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here).

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23282-1115, telephone (804) 367-8037.

Employee Authorization Form for Direct Deposit

DATE: _____ EMP # _____

*Employee should complete Section A if all funds are to be deposited in only ONE account.
If funds are to be distributed between TWO OR MORE accounts, then complete Section B.*

SECTION A

I, _____ authorize Howard University Hospital to deposit my entire salary into the account shown below:

Bank Account Number	Account Type (Saving/Checking)	ABA/Routing #	Bank Name
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SECTION B

I, _____ authorize Howard University Hospital to deposit the amount of \$ _____ from my salary into the account shown below:

Bank Account Number	Account Type (Saving/Checking)	ABA/Routing #	Bank Name
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and \$ _____ into the account shown below:

Bank Account Number	Account Type (Saving/Checking)	ABA/Routing #	Bank Name
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I further agree for the balance of my salary to be deposited into the account shown below:

Bank Account Number	Account Type (Saving/Checking)	ABA/Routing #	Bank Name
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If monies to which I am not entitled are deposited into my account, I authorize my employer to direct the financial institution to return said funds. This authority will remain in effect until my separation from Howard University Hospital.

Employee Signature

Date










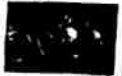


Work Phone #

PLEASE ATTACH A VOIDED CHECK. IN THE CASE OF A SAVINGS ACCOUNT, SOME PROOF OF ACCOUNT AND ABA NUMBERS MUST BE ATTACHED.

HOWARD UNIVERSITY HOSPITAL

CARING FOR YOU YESTERDAY, TODAY AND TOMORROW!

Schedule of Pay Periods, Pay Days, and Holidays 2008

No.	PAY PERIOD		Legal Holidays	PAY DAYS
	Begins	Ends		
1	12/09/07	12/22/07		01/03/08
2	12/23/07	01/05/08	12/25/07 Christmas Day 	01/17/08
3	01/06/08	01/19/08	1/1/2008 New Years Day 	01/31/08
4	01/20/08	02/02/08	01/21/08 Martin Luther King Jr. 	02/14/08
5	02/03/08	02/16/08		02/28/08
6	02/17/08	03/01/08	02/18/08 Presidents' Day (Washington's Birthday) 	03/13/08
7	03/02/08	03/15/08		03/27/08
8	03/16/08	03/29/08		04/10/08
9	03/30/08	04/12/08		04/24/08
10	04/13/08	04/26/08		05/08/08
11	04/27/08	05/10/08		05/22/08
12	05/11/08	05/24/08		06/05/08
13	05/25/08	06/07/08	05/26/08 Memorial Day 	06/19/08
14	06/08/08	06/21/08		07/03/08
15	06/22/08	07/05/08	07/04/08 Independence Day 	07/17/08
16	07/06/08	07/19/08		07/31/08
17	07/20/08	08/02/08		08/14/08
18	08/03/08	08/16/08		08/28/08
19	08/17/08	08/30/08		09/11/08
20	08/31/08	09/13/08	09/01/08 Labor Day 	09/25/08
21	09/14/08	09/27/08		10/09/08
22	09/28/08	10/11/08		10/23/08
23	10/12/08	10/25/08	10/13/08 Columbus Day 	11/06/08
24	10/26/08	11/08/08		11/20/08
25	11/09/08	11/22/08	11/11/08 Veterans' Day 	12/04/08
26	11/23/08	12/06/08	11/27/08 Thanksgiving 	12/18/08
1	12/07/08	12/20/08		01/01/09
2	12/21/08	01/03/09	12/25/08 Christmas Day  1/1/2009 New Years Day 	01/15/09