



222 Administration Building • Fayetteville Arkansas 72701 • (479) 575-5351 • (479) 575-6971 (FAX)

Human Resources

Hiring Incentives to Restore Employment (HIRE) Act Employee Affidavit

Do not send this form to the IRS. Send this form to Payroll ADMN 222.

To be completed by the new employee. Affidavit is not valid unless employee signs it.

Print your name _____

Social Security Number or University ID number _____

First date of employment _____

Under penalties of perjury, I declare that I have examined this affidavit and, to the best of my knowledge and belief, it is true, correct, and complete.

I certify that I have been unemployed or have NOT worked for anyone for more than 40 hours total during the 60-day period ending on the date I began employment with the University of Arkansas.

Employee Signature

Date

OR

Before I began employment with the University of Arkansas I worked for more than 40 hours total during the 60-day period prior to my hire date.

Employee Signature

Date