

ALABAMA WORKFORCE INVESTMENT SYSTEM
Workforce Development Division
401 Adams Avenue
Post Office Box 5690
Montgomery, Alabama 36103-5690

February 23, 2012

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2008-04, Chg 2

SUBJECT: *Workforce Investment Act Relocation Assistance Guidelines*

1. Purpose. This Directive transmits the current version of the Workforce Investment Act Relocation Assistance Guidelines, the revised maximum reimbursement amount, and the Alabama Immigration Law compliance requirements.

2. Discussion. The *Workforce Investment Act Relocation Assistance Guidelines* (attached) are provided for use in assisting WIA participants who request and qualify for relocation assistance under this program. Previously, the maximum allowable reimbursement for this assistance was \$5,000. This maximum reimbursement of documented costs has been decreased to \$3,500 effective January 1, 2012. This decrease is as a result of the ten percent reduction to the FY2012 Governor's Set-aside funds and is reflected in the revised Guidelines.

In the memorandum released January 6, 2012, by the Department of Finance, Office of the State Comptroller, makes known the "...Act 2011-535, entitled the "Beason-Hammon Alabama Taxpayer and Citizen Protection Act" and... the Code of Alabama, 1975, as amended, ("the Act" or "the immigration law") imposes conditions on the award of State contracts, grants and incentives, which must be satisfied before payment can be made for those transactions."

3. Action. Please review the attached revised *Workforce Investment Act Relocation Assistance Guidelines* and retain for use in regard to providing relocation assistance to eligible participants.

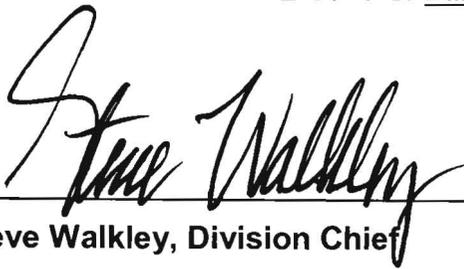
As stated, this Act will affect all State contracts awarded on or after January 1, 2012. As such, additional documentation will be required for Relocation Assistance contracts and payments to be approved and processed.

Prior to approval and payments, awards must be in compliance with the following §31-13-9(a) and (b), as required: (1) A copy of the affidavit required by §31-13-9(a) has been provided by the contractor, using the form prescribed by the Alabama Secretary of State (A copy of this affidavit form is attached to this Directive as Exhibit D of the Relocation Assistance Guidelines) and (2) A complete copy of the E-Verify Memorandum of Understanding (MOU) §31-13-9(b), which is generated when the business entity or employer enrolls in that program, bearing the number assigned to that MOU by Homeland Security (see Exhibit E of the Relocation Assistance Guidelines). These two documents are in addition to other documents required by the Relocation Assistance program.

Please refer to the attachments for complete details.

4. Contact.

Questions regarding this Directive may be directed to Bill Hornsby, Supervisor, Workforce Development Division, State Programs, Planning, and Divisional Budget Management Section, at (334) 242-5847 or Bill.Hornsby@adeca.alabama.gov.

A handwritten signature in black ink, appearing to read "Steve Walkley", written over a horizontal line.

Steve Walkley, Division Chief
ADECA, Workforce Development Division

Attachments:

- Relocation Assistance Guidelines and Exhibits

WORKFORCE INVESTMENT ACT

RELOCATION ASSISTANCE GUIDELINES



**ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS
WORKFORCE DEVELOPMENT DIVISION**

REVISED JANUARY 2012

RELOCATION ASSISTANCE GUIDELINES

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RELOCATION ASSISTANCE GUIDELINES

I. GENERAL

These guidelines are designed to assist the local One-Stop operators in providing relocation assistance to those who are eligible for and seeking such services. These revised guidelines are effective as of January 1, 2012. In accordance with 29 CFR97.5, all other program manuals, handbooks, and other non-regulatory materials, which are inconsistent with these guidelines, are superseded, except to the extent that they are required by statute.

II. AUTHORITY

In accordance with the Workforce Investment Act (WIA) and its implementing regulations (20 CFR663.200 (a)), relocation assistance is one of the allowable intensive services for adults and dislocated workers. There are two categories of adults and dislocated workers who may receive intensive services. These are: Adults and dislocated workers who are unemployed, have received at least one core service and are unable to obtain employment through core services, and are determined by a One-Stop operator to be in need of more intensive services to obtain employment (20 CFR663.220 (a)); and adults and dislocated workers who are employed, have received at least one core service, and are determined by a One-Stop operator to be in need of intensive services to obtain or retain employment that leads to self-sufficiency, as described in 20 CRF663.230 (20 CFR633.220(b)).

Relocation assistance is provided through Workforce Investment Act (WIA), Title IB, Governor's set aside funding for participants in need of assistance to accept employment at another location. It is intended to serve those eligible adults and dislocated workers who are unable to find suitable employment in the local area. At a minimum, the relocation employment should lead to "self-sufficiency as described at 20CFR 663.230. Such assistance will not be extended to participants who are transferring to another employment location while remaining with their present employer. In regard to relocation assistance, core services will have resulted in a

written offer of employment, but the individual requires intensive services (relocation assistance) in order to accept the job. An adult or dislocated worker who completes training services is also eligible for relocation assistance if the other requirements for relocation assistance are met.

As noted above, a person must be eligible for these services and be properly enrolled into the WIA Relocation Assistance Project. Copies of enrollment and exit (after the move is completed) documents should be submitted as detailed later in this policy. However, enrollments and exits should be handled in the same manner as for other participants who receive intensive services.

Applicants should be encouraged to seek relocation assistance from other sources (such as the Trade Act if eligible for Trade Act services) before applying for WIA assistance. Relocation assistance (up to a maximum of \$3,500 for actual moving expenses) that has not been paid from other sources may be provided to assist qualified participants in moving within Alabama or to another part of the United States. This means that if an employer (or other source) pays all of the moving costs, then WIA pays none. If an employer (or other source) pays only part of the costs, then WIA will pay the difference up to \$3,500 (State Policy).

The ADECA Workforce Development Division nor any of the enrolling agencies accept any liability for any participant's or moving service's damaged, lost, stolen property, etc. related to relocation assistance.

III. QUALIFICATIONS

To qualify for this assistance, **the participant must meet all of the following criteria. Written documentation must be maintained and submitted by the enrolling agency:**

- Be eligible for WIA Title I-funded services, as evidenced by the completed Eligibility/Registration Form and Activity/Service Record; and

- (1) The participant cannot obtain self-sufficient employment within the commuting area. The commuting area is a seventy-five (75) mile-radius or less of the participant's place of residence. The enrolling agency representative's written justification will serve as documentation; and
- (2) The participant has secured self-sufficient long-duration employment outside the commuting area (over 75 miles from the participant's residence). This must be documented by the new employer's letter of verification of employment. The participant will be enrolled under the relocation assistance project number.

IV. RELOCATION ASSISTANCE REQUEST

The enrolling agency's representative will submit the Relocation Assistance Request Form, WDD-16 Relocation (Revised 7/00), Exhibit A, accompanied by a hiring letter from the new employer to the WDD-State Programs and Divisional Budget Management Section **at least ten (10) calendar days before the move**. If a person has moved prior to making application for WIA relocation assistance, then no relocation expenses will be paid. Every effort will be made so that the enrolling agency's representative will be notified of approval or disapproval of said request at least five (5) days before the move. Submit the Relocation Assistance Request Form, WDD-16 Relocation, (Exhibit A), according to the printed instructions on the back of the form.

V. MOVING SERVICES

Household goods may be moved for the participant by either of the following methods:

- a. a bona fide moving company, **or**
- b. the participant, using equipment rented from a bona fide self-moving service (U-haul, Ryder, etc.).

In either event, estimates must be obtained from three (3) bona fide moving companies **or** three (3) self-moving services, as applicable. If estimates cannot be obtained from at least three of the same type of moving services, then written justification must be provided for less than three estimates. (See below.) Justifiable situations, in which the enrolling agency would select a bidder other than the lowest, would be:

- The lowest bidder cannot carry out the move within acceptable time frames.
- The lowest bidder will not accept payments on a reimbursement basis, and the participant does not have the funds to pay for the move.
- The lowest bidder does not have all the necessary equipment required for the move; i.e., a tow buggy for a vehicle, etc. (Rarely should this be used.)

If the lowest estimate is not selected, the enrolling agency must document justification for the selection.

If three moving companies or three self-moving services are not located within a participant's commuting area (75 miles or less), the participant is not required to solicit bids from others outside their commuting area. However, it is the enrolling agency's responsibility to retain documentation supporting the fact that this situation does exist and to provide copies of such with the Relocation Assistance Request Form, WDD-16 Relocation, (Exhibit A).

The participant who uses equipment rented from a self-moving service to relocate household goods may submit receipts for costs incurred for associated fuel and oil **for the vehicle used for the move only**. The participant may also submit receipts for other related moving expenses such as boxes and packing materials provided these expenses are incurred with the same bona fide moving service. Gasoline or diesel fuel for other vehicles is not reimbursable. The cost of food and lodging are not reimbursable. Also, deposits on equipment necessary for the move are not reimbursable, as the person being moved should get his/her deposits back upon

turning in the equipment to the moving company. If necessary, the hiring of a truck driver may be allowable.

When the participant's primary residence is a mobile home and the participant desires to move the mobile home instead, the same requirements must be met as those of moving household goods; that is, three bids must be secured from bona fide mobile home movers before the move. Maximum reimbursement for moving a mobile home is \$3,500. Mobile home tires or tire repairs are not reimbursable costs.

VI. PAYMENT AUTHORIZATION

Once the participant has been determined eligible for the program and the relocation completed, then submit **the following forms to the WDD-State Programs and Divisional Budget Management Section.**

- **Claim for Relocation Expenses, Form WDD-18 Relocation, (Exhibit B), (one copy).**
- **The Subrecipient's Invoice Report, Form WDD-9 Subrecipient's Invoice Report, (Exhibit C), (two copies).**
- **The bona fide cost estimates from a self-moving service or from moving companies (3 estimates).**
- **Actual invoice from the mover or self-moving company for the services or unit rental and invoices for fuel, gasoline, etc. used in a self-moving vehicle. (The invoice from the mover or self-moving company must indicate that payment has been made to the mover or self-moving company if reimbursement goes to the participant.)**
- **One copy of the Federal Form W-9 Request for Taxpayer Identification Number and Certification. The most current version of the Request for Taxpayer Identification Number and Certification can be found at www.irs.gov.**
- **Completed Beason-Hammon Alabama Taxpayer and Citizen Protection Act Affidavit Form**
- **Copy of E-Verify MOU**

The enrolling agency will take a positive outcome for a participant in the relocation assistance program upon successful completion of the move and the submission of all-appropriate documentation, reimbursement requests, etc.

a. Claim for Relocation Expenses

Reimbursement will be mailed directly to the participant or to the moving company, as directed by the participant on the Claim for Relocation Expenses, WDD-18 Relocation, Exhibit B. The person relocated, the enrolling agency's representative, and the mover must sign this form, if the relocation payment is to be made directly to the moving company. All signatures should be original on all copies submitted. The supporting documentation to include the invoice and the three cost estimates (or if not three, then justification as to the situation) solicited before the move, must be attached. Complete the form and submit according to the printed directions on the back of the form.

In **addition**, the enrolling agency should exit these participants in the same manner as for other participants who receive intensive services and subsequently enter unsubsidized employment.

DATE

PROJECT NUMBER

RELOCATION ASSISTANCE REQUEST FORM

NAME _____

GOODS TO BE MOVED TO:

ADDRESS _____

SS# _____

APPROXIMATE DATE OF MOVE:

SIGNED: _____

Person to be Relocated

(Submit at least 10 days Prior to move)

ENROLLING AGENCY:

I hereby certify that this participant meets the criteria listed below and that written documentation is being **submitted** to verify **each** eligibility criterion:

1. Meets all WIA Title I Dislocated Worker or Adult eligibility criteria as documented on the WDD-1A attached.
2. The individual cannot obtain suitable employment within the individual's commuting area (75-mile radius from his/her residence). Copies of documentation attached.
3. The individual has secured long-duration employment, outside commuting distance. **A copy of documentation is attached.**

Signed: _____ Date: _____
Enrolling Agency Representative

Address: _____

Approval: _____ Date: _____
Division Chief, WDD

**UPON APPROVAL, AN APPROVED COPY WILL BE RETURNED TO
THE ENROLLING AGENCY WITH PROJECT NUMBER**

Instructions for Relocation Assistance Request From

(Back of WDD-16 Relocation Form)

Relocation assistance is provided through WIA Title I Governor's 5 percent funding for eligible dislocated workers and adults in need of assistance to accept employment in another location. It is intended to serve those eligible individuals who are unable to find suitable employment in their local area. Such assistance will not be extended to participants who are transferring to another employment location while remaining with their present employer. Applicants should be encouraged to seek relocation assistance from other sources before applying for WIA assistance. Relocation assistance, up to a maximum of \$3,500 of documented allowable expenses, may be reimbursed for actual moving expenses that have not been paid from other sources such as by the employer, Trade Act, etc.

Eligible Relocation Assistance participants include any participant who is eligible to receive services under the WIA. The enrolling agency is responsible for certifying that the participant meets the eligibility criteria, and for ensuring that **all supporting documentation is attached** and the appropriate signatures are obtained. The Project Number will be assigned by ADECA-Workforce Development Division, State Programs and Divisional Budget Management Section upon approval.

Submit the Relocation Assistance Request Form, at least 10 days before the move is scheduled. The original form with original signatures is to be sent to the following address:

**SEND TO: ADECA-Workforce Development Division
State Programs and Divisional Budget Management Section
ATTN: Relocation Assistance
P. O. Box 5690
Montgomery, AL 36103-5690**

A copy should be maintained by the originating enrolling agency.

Every effort will be made to return the approved request to the enrolling agency approximately 5 days prior to the move. **This will serve as notice of the authorization of Relocation Assistance and will provide the Project Number for this effort.**

CLAIM FOR RELOCATION EXPENSES Project Number _____

NAME _____ DATE _____

GOODS MOVED FROM:

GOODS TO BE MOVED TO:

Street Address _____

Street Address _____

City/State/Zip _____

City/State/Zip _____

NAME OF MOVER: _____

Mover's Street Address _____

City/State/Zip _____

Total Relocation Expenses \$ _____

Less Amount Reimbursed From Other Sources \$ _____

Net Amount of which WIA will Reimburse up to \$3,500 \$ _____

Amount for WIA Claim (Not to exceed \$3,500) \$ _____

I hereby certify that the above named participant is being relocated under the Regulations and Procedures set forth in the Workforce Investment Act and meets all eligibility requirements to receive assistance in Relocation. I further certify that the service covered by this invoice **has been received**, and the amount is **correct**. Payment shall be actual non-reimbursed cost, not to exceed **\$3,500**. Attached is the invoice and three (3) cost estimates from carriers solicited before the move.

Signed: _____

Person Relocated

_____ Date

Approved: _____

Enrolling Agency Representative

_____ Date

APPROVAL: _____

WDD Division Chief

_____ Date

RELOCATION PAYMENT TO BE MADE PAYABLE TO:

IF PAYMENT IS MADE TO MOVER, PLEASE SIGN BELOW:

Name _____

I certify that this invoice represents services provided, and this invoice is correct, due, and unpaid.

Address _____

City/State/Zip _____

_____ Signature of Mover / Date

(Back of Form WDD-18 Relocation)

Claims for relocation expenses **shall be actual costs, not to exceed \$3,500** for actual moving expense that have not been paid from any **other** sources.

The enrolling agency is responsible for certifying that the participant meets the eligibility criteria and is to ensure the appropriate signatures are attached. In addition, the enrolling agency is to make sure that **the supporting documentation, the invoice and the three cost estimates** (or if not three then, justification as to the situation) **solicited before the move, must be attached.**

This form is to be completed by the enrolling agency representative, and must include:

- a) the invoice from the moving company/self-moving service;
- b) copies of **three** (3) cost estimates from moving companies or self-moving services solicited prior to the move; **and**
- c) written justification if the lowest estimate was not chosen.

Payments may be made directly to the moving company/self-moving service **or** directly to the participant. If payment is to be made to the moving company/self-moving service, then the certification must be signed by the mover/self-moving service representative. The participant must sign the claim in either case.

All signatures should be original on each copy submitted.

The original form and (1) one copy, with original signatures (plus attachments), is to be sent to the following address:

**SEND TO: ADECA-Workforce Development Division
State Programs and Divisional Budget Management Section
ATTN: Relocation Assistance
P. O. Box 5690
Montgomery, AL 36103-5690**

A copy must be maintained by the originating enrolling agency.

SUB-RECIPIENT'S INVOICE

EXHIBIT C

1. Name and Address of Sub-recipient		3. Agreement No.	
		4. Invoice No.	
2. Fed. I.D.#		5. Reporting Period of Invoice	
6. Agreement Amount	7. Total Cash Requested through Previous Invoice	8. Balance Available	
		\$ -	
9. Total Expenditures of Prior Periods		Total Program Cost	
		\$ -	
		10. Actual Expenditures This Period	
		\$ -	
		11. Total Expenditures To Date	
		\$ -	
12. Total Cash Requested through Previous Invoice		\$ -	
13. Amount Requested			
<p>I HEREBY CERTIFY THAT (a) the Workforce Development Division has not been billed for the services covered by this invoice; (b) funds have not been received from the said WDD or expended for such services under any other agreement or grant; (c) the amount(s) claimed by this invoice constitute(s) allowable costs/expenditures under the terms of the agreement or grant; (d) all amounts for Federal Income, Unemployment, and FICA Taxes due through the end of the preceding quarter have been paid and; (e) that subcontractors have furnished evidence of attaining an Employer Identification (EI) number and are complying with applicable tax laws. Any advance of federal funds drawn down by either advance or a working capital advance and not disbursed with thirty days from the date of the advance must be refunded to ADECA (State/ADECA Policy).</p> <p align="center">Please use blue ink to sign.</p>			
14. Sub-recipient's Authorized Signature (Blue Ink Required)		15. Title	16. Date
17. Contact Person		18. Title	19. Telephone No.

Workforce Development Division/Date

Administrative Division/Date

SUBMIT IN DUPLICATE TO:
 Workforce Development Division
 State Programs and Divisional Budget Mgt Section
 P.O. Box 5690
 Montgomery, AL 36103-5690

Accounting Use Only:
 Warrant No. _____
 Warrant Date _____
 Voucher No. _____

Posted to Computer:
 Initials: _____
 Date: _____

WDD-9 (ALA) 01/12

SUBRECIPIENT'S INVOICE REPORT WDD-9
Instructions for Title I Relocation Assistance—**ONLY**

The **Enrolling Agency** should complete the following information on the Subrecipient's Expenditure Report, WDD-9:

- Item 1.** Name/Address of the Subrecipient—The individual for whom expenses are to be reimbursed or the moving company, if the participant chooses the reimbursement go directly to the moving company.
- Item 2.** The subrecipient's Social Security Number. The company's Federal ID number will replace the Social Security Number if payment goes to the moving company.
- Item 3.** Agreement Number – Relocation Assistance Project Number, as assigned by State staff, on the **approved** Relocation Assistance Request Form (WDD-16 Relocation) returned to the enrolling agency.
- Item 17.** Contact Person—Original signature of the enrolling agency's representative. **All** signatures should be **original** on **each** of the two (2) copies submitted.
- Item 18.** Title—of the enrolling agency's representative.
- Item 19.** Telephone Number—of contact person.

The participant or moving company should complete the following information on the Subrecipient's Invoice Report, WDD-9:

- Item 14.** Subrecipient's (Participant's) Signature—**All** signatures should be **original** on **each** of the two (2) copies submitted. If the moving company is to be reimbursed, then the company's authorized representative's signature is needed here.
- Item 16.** Date—of signature.

The remainder of the form will be completed by Relocation Assistance Staff of the ADECA-Workforce Development Division, State Programs and Divisional Budget Management Section. Please submit this form, in duplicate with original signatures, along with:

- Claim for Relocation Expenses, form (WDD-18 Relocation)

IMPORTANT ACTION REQUIRED – ALABAMA IMMIGRATION LAW

Compliance Guideline for *Sections 9(a) and (b) of Act 2011-535*, Affecting Payments on Contracts, Grants, and Incentives awarded January 1, 2012, and thereafter.

When processing payment vouchers, this office is charged with determining the legality of the payment. Legality includes compliance with the conditions to payment that are established by law.

Act 2011-535, entitled the “Beason-Hammon Alabama Taxpayer and Citizen Protection Act” and codified at §31-13-1 et seq. of the Code of Alabama, 1975, as amended (“the Act” or “the immigration law”) imposes conditions on the award of State contracts, grants and incentives which must be satisfied before payment can be made on those transactions.

§31-13-9 establishes specific conditions for certain contracts. This section is effective as of January 1, 2012. It applies to contracts, grants or incentives of the state, any political subdivision of the state or any state-funded where the co-party is a “business entity or employer”. (See §31-13-3 for the meaning of these terms as defined for the purpose of this law.)

§31-13-9(a) requires: “[a]s a condition for the **award** (emphasis provided) of any contract, grant, or incentive by the state, any political subdivision thereof, or any state-funded entity to a business entity or employer... the business entity or employer shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien and shall attest to such, by sworn affidavit signed before a notary.” (Emphasis added.)

§31-13-9(b) conditions the award of a contract, grant or incentive to a business entity or employer upon that entity being enrolled in the E-Verify program maintained by the United States Department of Homeland Security. (E-Verify enrollment is available at the website of DHS or at the E-Verify portal available through <http://immigration.alabama.gov> maintained by the Alabama Department of Homeland Security.)

For the purposes of this law, “award” is understood to be the action taken as the result of a formal procurement process that results in an “award”, such as an Invitation To Bid or a Request For Proposals.

Awarded Contracts

Effective immediately, when a contract is submitted to this office for approval there must be §31-13-9(a) and (b) compliance established by including with the contract documents the following additional documents:

(1) a copy of the affidavit required by §31-13-9(a) that has been provided by the contractor, using the form prescribed by the Alabama Secretary of State (a copy of this affidavit form is attached to this memorandum); and

(2) a complete copy of the E-Verify Memorandum of Understanding (MOU), which is generated when the business entity or employer enrolls in that program, bearing the number assigned to that MOU by Homeland Security. These two documents are in addition to other documents required by this office, including the forms prescribed by the Contract Review Permanent Legislative Oversight Committee if the contract is for professional or personal services.

Payments On Grants or Incentives

Effective immediately, before a warrant for payment due under a grant or incentive can be issued by this office there must be §31-13-9(a) and (b) compliance established by including a certification on the payment voucher submitted to this office that certifies the following documents have been obtained and are on file with the agency:

(1) the affidavit required by §31-13-9(a) that has been provided by the contractor, using the form prescribed by the Alabama Secretary of State (a copy of this affidavit form is attached to this memorandum); and

(2) a completed copy of the E-Verify Memorandum of Understanding (MOU), which is generated when the business entity or employer enrolls in that program, bearing the number assigned to that MOU by Homeland Security.

The required certification must be as follows:

The undersigned hereby certifies that the transaction under which this payment is requested is subject to the requirements of §31-13-9(a) and (b), *Code of Alabama, 1975*, as amended and the proper documentation is on file in the agency.

Payments to Governmental Entities

Intergovernmental Agreements are not subject to *Code Sections 31-13-9(a) and (b)*, as they are not awarded. These agreements are limited to agreements between departments, agencies, instrumentalities of the State, or other governmental entities.

Payments For Goods or Services Not Procured Under Awarded Contract, Grant or Incentive, By Purchase Order or Interagency Agreements

Payments for goods and/or services not covered by a written contract or purchase order are typically purchases of less than \$500. As long as the transaction is not the result of a formal procurement process that results in an "award", § 9(a) and (b) requirements do not apply. Therefore the § 9(a) affidavit and the (b) E-Verify MOU do not have to be submitted with the payment voucher.

However, the payment voucher must include the following certification by the agency:

The undersigned hereby certifies that the transaction under which this payment is requested is not subject to the requirements of §31-13-9(a) and (b), *Code of Alabama, 1975*, as amended.

FORM FOR SECTIONS 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE OF ALABAMA, SECTIONS 31-13-9 (a) and (b)

AFFIDAVIT FOR BUSINESS ENTITY/EMPLOYER/CONTRACTOR

(To be completed as a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees.)

State of _____

County of _____

Before me, a notary public, personally appeared _____ who, being duly sworn, says as follows: (print name)

As a condition for the award of any contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity to a business entity or employer that employs one or more employees, I hereby attest that in my capacity as _____

_____ (state position) for _____

_____ (state business entity/employer/contractor name) that said business entity/employer/contractor shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien.

I further attest that said business entity/employer/contractor is enrolled in the E-Verify program. (ATTACH DOCUMENTATION ESTABLISHING THAT BUSINESS ENTITY/EMPLOYER/CONTRACTOR IS ENROLLED IN THE E-VERIFY PROGRAM.

Signature of Affiant

Sworn to and subscribed before me this _____ day of _____, _____.

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

Signature and Seal of Notary Public



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U.S. law requires companies to employ only individuals who may legally work in the United States – either U.S. citizens, or foreign citizens who have the necessary authorization. This diverse workforce contributes greatly to the vibrancy and strength of our economy, but that same strength also attracts unauthorized employment.

E-Verify is an Internet-based system that allows businesses to determine the eligibility of their employees to work in the United States. E-Verify is fast, free and easy to use – and it's the best way employers can ensure a legal workforce.

E-Verify is constantly improving to better serve you. To learn more click here to see [WHAT'S NEW](#)

Do you have questions about E-Verify?



Visit our [Questions & Answers Section](#).

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This page can be found at:
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Last updated: 08/17/2011

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- [Military](#)
- [Avoid Scams](#)
- [Genealogy](#)
- [Visit the U.S.](#)

- [U.S. Department of Homeland Security](#)
- [U.S. Customs & Border Protection](#)
- [U.S. Immigration & Customs Enforcement](#)
- [White House](#)
- [U.S. Department of State](#)
- [USA.gov](#)

- [Freedom of Information Act \(FOIA\)](#)
- [No FEAR Act](#)
- [Website Policies](#)
- [Social Media Policy](#)
- [Privacy and Legal Disclaimers](#)
- [Accessibility](#)
- [Plug-ins](#)
- [Adobe Reader](#)
- [Windows Media Player](#)
- [Archive](#)